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ABSTRACT

These guidelines are intended to provide a resource to use in assessing, planning, providing, evaluating, and improving the quality of programs for California pupils with severe orthopedic impairments. The first three chapters present characteristic elements of a well-designed program in the areas of: (1) identification and assessment, (2) the Individualized Education Program, and (3) unique program needs. Chapter 4 emphasizes that decisions for placing pupils with severe orthopedic impairments in an educational program should be based on the educational needs of pupils rather than on their handicapping condition. The supporting role of the special education teacher is stressed. Chapter 5 specifies staff competencies of the site administrator, special education staff, related services staff, and support service staff. Chapter 6 examines other special considerations such as monitoring medications, implementing emergency procedures, coordinating services among agencies, and making facilities accessible. Seven appendixes include program evaluation guidelines, forms related to least restrictive environment requirements, examples for modifying regular education programs, selected legal requirements, procedures and guidelines for health care, resources for technical assistance, and a directive to special educators concerning intelligence testingn of black pupils. A glossary completes the guide. (DB)

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Program Guidelines for Individuals Who Are Severely Orthopedically Impaired

EC301688

CALIFORNIA DEPARTMENT OF EDUCATION
Bill Honig—State Superintendent of Public Instruction
Sacramento, 1992

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Program Guidelines for Individuals Who Are Severely Orthopedically Impaired

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Notice

The guidance in this *Program Guidelines for Individuals Who Are Severely Orthopedically Impaired* is not binding on local educational agencies or other entities. Except for the statutes, regulations, and court decisions that are referenced herein, this *Program Guidelines for Individuals Who Are Severely Orthopedically Impaired* is exemplary, and compliance with it is not mandatory (*Education Code* Section 33308.5).

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Preface

A major responsibility of the Special Education Division in the California Department of Education has been to provide leadership for improving the educational programs for the low-incidence population. This publication provides guidelines for the planning, monitoring, and improvement of educational programs and services for one of those groups, pupils with severe orthopedic impairments.

The first public school program for pupils with physical handicaps in California was established in 1927. In 1943 a study by the U. S. Department of Public Health and Education revealed that between 8,000 and 10,000 persons under twenty-one years of age were diagnosed as having cerebral palsy. Many of them were not often in school. Subsequently, two residential schools were established in San Francisco and Los Angeles to provide intensive physical treatment, care, and education for children with cerebral palsy. The two schools assisted the staff members of special classes in public schools and established field clinics that had responsibilities for identifying students. Over the years the classes that had been established for pupils with severe orthopedic impairments were expanded to include children with many other types of physical problems. The residential schools were closed when staff members from local educational agencies (LEAs), in coordination with California Children Services, were able to provide quality educational programs and services to these pupils.

Helping LEAs provide these services is the purpose of this document. It contains information to help staff from LEAs identify and assess these pupils' unique educational needs, develop individualized education programs, and become informed about components of programs, options for placing pupils, competencies for staff members, and other needs of these pupils.

Parents, pupils, educators, and members of ancillary professions contributed to the development of these guidelines. The contributions of these persons are gratefully acknowledged as are the efforts of Winnie Bachmann, retired Consultant, and Janine Swanson, Consultant, Special Education Division, California Department of Education, both of whom coordinated the development of this publication.

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Introduction

These guidelines were developed as a resource for parents, teachers, support staff, administrators, and interested community representatives to use in assessing, planning, providing, evaluating, and improving the quality of programs serving pupils with severe orthopedic impairments. With such pupils as their focus, these guidelines provide:

- Appropriate procedures for identification of pupils and for assessment and planning, as well as for the provision of individualized instruction and services
- Information to assist parents, staff, and administrators in evaluating, improving, and maintaining quality educational programs
- A guide for staff and administrators to use during the self-review process and during program monitoring activities

Educational services for pupils with severe orthopedic impairments are governed by federal and state laws and regulations. This document was developed to be consistent with these laws and regulations and to assist in their implementation.

These guidelines present a model for meeting the unique educational needs of individuals with severe orthopedic impairments. Such pupils often have accompanying secondary impairments, a condition which necessitates close cooperation and coordination among other public agencies having legal mandates to provide specific services. Readers of this publication may wish to contact the California Department of Education, Division of Special Education, for technical assistance.

Each section is introduced with a question, followed by a discussion of specific aspects of the program for pupils with severe orthopedic impairments. These questions guide the reader and provide standards by which to evaluate the program. Appendix A is a formal self-review guide containing the criteria for evaluating all of the components in each chapter.

The first three chapters present characteristic elements of a well-designed program. Chapter Four emphasizes that decisions for placing pupils with severe orthopedic impairments in an educational program should be based on the educational needs of pupils rather than on their handicapping condition. This chapter also delineates the supporting roles that the special class teacher will need to perform when the pupil is placed in a regular classroom. Chapter Five

Decisions for placing pupils with severe orthopedic impairments in an educational program should be based on the educational needs of pupils.

specifies staff competencies, and Chapter Six examines other elements that require special consideration.

The appendixes in this publication contain information that generally is not easily accessible to the classroom teacher. Appendix A contains the self-review guide that can assist county and district staff in improving the effectiveness of the programs through an internal review. The self-review guide enables the staff to identify areas and establish goals for program improvement, determine potential topics for local evaluation studies, and identify needs for technical assistance.

Appendix B, "Least Restrictive Environment," presents a policy statement approved by the California State Board of Education regarding California's commitment to provide services in the least restrictive environment to individuals with exceptional needs. This appendix also contains three forms: "Questionnaire on Least Restrictive Environment," "Referral for Special Education Assessment," and "Request for the Pupil Study Team's Analysis of a Pupil's Needs."

Appendix C, "Examples for Modifying Regular Education Programs," provides specific procedures that teachers can follow to increase their program's effectiveness in meeting the needs of pupils with severe orthopedic impairments. Topics covered are "Classroom Organization and Environment," "Methods of Presentation," "Classroom Management," "Methods of Practice," and "Methods of Testing." This appendix also contains the form "Documentation of Interventions and Modifications Attempted."

Appendix D, "Selected Legal Requirements," contains pertinent sections from the *Education Code;* the *California Code of Regulations, Title 5, Education;* the *California Civil Code;* and the Rehabilitation Act.

Appendix E, "Procedures and Guidelines for Health Care" presents the essential steps and the key points and precautions for a brace, cane, cast, crutches, a prosthesis, scooter board, walker, and wheelchair. Also appearing are "Guidelines for Classroom Cleanliness," "Guidelines for Diapering," and steps to follow for handwashing and gloving.

Appendix F, "Resources for Technical Assistance," lists units within the California Department of Education that offer services to persons who work with pupils with severe orthopedic impairments. Also appearing is a listing for the Commission on Teacher Credentialing and a list of institutions that prepare teachers who will be working with these pupils.

Appendix G, "Larry P. Litigation: Directive to State Special Educators" clarifies the use of I.Q. tests in the assessment of black pupils for special education services.

The Glossary defines terminology used in this publication. These definitions are presented to help readers who may be unfamiliar with these terms.

CHAPTER ONE

Identification and Assessment of Unique Educational Needs

This chapter begins with a definition of a severe orthopedic impairment, followed by suggestions for assessing such pupils. The chapter continues with information concerning assessment of specific disabilities and what to look for as the evaluator makes assessments in all areas of suspected disabilities.

Definition of a Severe Orthopedic Impairment

Does the staff understand the definition of an orthopedic impairment?

The term *orthopedic impairment* includes those impairments caused by congenital anomalies, diseases, and other conditions. Conditions resulting in severe orthopedic impairments include, but are not limited to, cerebral palsy, muscular dystrophy, spina bifida, spinal cord injuries, head traumas, juvenile rheumatoid arthritis, and tumors. These conditions may improve, remain stable, or deteriorate; and changes in characteristics may occur at varying rates. A severe orthopedic impairment is persistent and significantly restricts an individual's normal physical development, movement, and activities of daily living. As a result, this impairment may affect the pupil's educational performance. Accompanying sensory, intellectual, behavioral, learning, and medical problems often occur that may affect the pupil's school performance.

These guidelines were developed for those persons and agencies serving pupils with severe orthopedic impairments and who require specialized services to benefit from education. These pupils have the potential to pursue the district's regular, parallel, or adapted course of study. Persons who are planning educational programs for a pupil with more than one impairment should combine the concepts in these guidelines with those from the guidelines that address other impairments.

Identification of Pupils

Has the local educational agency or office of the county superintendent of schools implemented a child-find system that includes identifying pupils with severe orthopedic impairments?

A child-find system for locating and identifying pupils who are severely orthopedically impaired should be established within the community. Each local educational agency, special education local plan area (SELPA), or office of the county superintendent of schools is required to develop a continuous child-find system. The purpose of this system is to identify all individuals with exceptional needs, birth through twenty-one years of age, who reside within the system's geographical boundaries or who are under its jurisdiction. This activity includes identifying those children not enrolled in public schools. Written procedures must be developed that address all aspects of implementing the child-find system.

When identifying potential pupils with severe orthopedic impairments, one should be sure that the local child-find system's activities are coordinated with those of the Regional Centers, California Children Services, and local medical agencies that often identify the child immediately after birth.

Referral of Pupils

Does the local educational agency or office of the county superintendent of schools ensure that pupils with severe orthopedic impairments are placed in special education only when their needs cannot be met with a modified regular program?

The California State Board of Education adopted a least restrictive environment policy in October, 1986, which stated in part that ". . . to the maximum extent appropriate, handicapped children, including children in public or private institutions, are educated with children who are not handicapped. Removal from the regular school environment shall occur only when the nature of the handicap is such that the education in a regular class, with the use of special education and related services cannot be achieved satisfactorily."[1]

Before a special education referral is initiated, most pupils with suspected special needs, including severe orthopedic impairments, should be referred to the student study team.[2] Exceptions are pupils who transfer from another special education program or pupils whose parents have referred them for an assessment to determine the need for special education. A function of the regular educational program, the student study team primarily develops interventions and modifications that can be applied to the regular program and monitors their effects.[3]

The membership of student study teams varies from school to school. The team should include parents and/or guardians and appropriate staff members, such as the principal, school nurse, psychologist, teacher, specialist teacher, and therapists, to review the pupil's needs. The team focuses on the child's strengths and attempts to build on the skills and potential identified for each pupil. Decisions for appropriate support services are based on information gathered from the parents and team members about the pupil's previous successes and difficulties, abilities, interests, aptitudes, and goals. Parents provide essential information for this process. If a pupil's referral for special education or related services is not recommended, the team members may monitor the progress of the pupil, and at any time, may refer him or her to the local educational agency to determine the need for special education and related services.

When the parent or another person requests an assessment of a child to determine the need for special education and/or related services or when the student study team refers the pupil, an assessment plan must be developed within 15 days. The assessments must accurately reflect the pupil's aptitude and achievement and other factors in all areas of suspected disabilities. Assessments must be free of biasing influences toward sensory, physical, or communication impairments.[4]

The Assessment Team

Does the local educational agency or office of the county superintendent of schools ensure that assessment personnel are knowledgeable about how the pupil's

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[1] See Appendix B, "Least Restrictive Environment," for the total text.

[2] See Appendix B for a sample student study team referral, "Request for the Pupil Study Team's Analysis of a Pupil's Needs."

[3] See Appendix C, "Examples for Modifying Regular Education Programs."

[4] *Education Code* Section 56320(f) defines *assessment* as " . . . including, where appropriate, health and development, vision, including low vision, hearing, motor abilities, language function, general ability, academic performance, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status. A developmental history is obtained, when appropriate."

So that a pupil may be assessed in all areas of a suspected disability, a form of communication must be developed between the assessor and the pupil.

severe orthopedic impairment affects the selection of assessment tools and the information obtained from them?

The assessment team is composed of individuals qualified to assess the pupil in all areas of suspected disabilities. The assessments must be conducted by persons who not only are knowledgeable and trained to select, administer, and interpret assessments that accurately measure the abilities of the pupil, but they also are knowledgeable about the implications of the orthopedic condition of the pupil.[5] When appropriate, assessment data can be obtained from the family physician as well as from professionals representing other public and private service agencies such as Regional Centers, California Children Services Branch of the State Department of Health Services, hospitals, and rehabilitation centers. If the pupil has been receiving services from another state or local public agency, the records should be available to the team, providing that written parental permission to exchange information exists. Generally, interagency agreements exist between the local educational agencies and other public agencies. These agreements cover such topics as referral of the child and exchange of pertinent information.

Determining the most effective methods and materials to be used for assessment requires communication among the assessment team members, parents, and when appropriate, the pupil. Many children with severe orthopedic impairments have accompanying impairments that further complicate the assessment process. When preparing the assessment plan, the assessors must consider whether a child has sensory impairments, limited physical movements, severe speech impairments, and a need for speech aid(s) or augmentive mode of communication and whether the child's primary language is other than English. For example, if the child has an accompanying visual problem, the person knowledgeable about the visual impairments may need to assist in selecting the appropriate assessments. If the child has limited physical motion, the occupational therapist or physical therapist or both may be contacted to determine the extent of the child's capability for physical response, the most comfortable and appropriate position for the child to take the test, and the part of a test on which the child will be able to perform independently. Children themselves may be able to indicate their best position from which to take a test. They do not always have to take tests in the traditional seated position.

Parents are an excellent source for obtaining information about their child regarding coping mechanisms, side effects of medication, and communication methods used if their child is nonspeaking. The child care provider, nursery school, elementary teachers, or secondary teachers should be contacted for information about the pupil's physical disability, level of academic and physical functioning, and interaction with peers. Ideally, this information would accompany any referral of a pupil with a severe orthopedic impairment. (See Appendix B for a sample form "Referral for Special Education Assessment.")

Communication Modes

Does the local educational agency or office of the county superintendent of schools ensure that all assessment personnel are able to communicate with the pupil with a severe orthopedic impairment?

The assessor must understand the pupil's modes of communication; that is, how does the pupil respond, what does the response indicate, and how much time is required for him or her to integrate the question and initiate the response? If a clear mode of response exists, it should be documented and evaluated for consistency before any evaluation is begun. If no clear mode of response is apparent, the assessor should try to develop a consistent response before proceeding with the assessment.

Consistent Response Patterns for Nonspeaking Pupils

Many children with severe orthopedic problems are also nonspeaking. So that a pupil may be assessed in all areas of a suspected disability, a form of communication must be developed between the assessor and the pupil. The assessor must determine whether a child has any sensory deficits that will affect the manner in which the child perceives and responds to any given stimuli.

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[5] See Section 56320 of the *Education Code* for a complete listing of assessment requirements.

Before assessing a child with a severe speech impairment, the assessor should observe the child in a variety of educational settings and at home, if possible. A child being tested will feel more relaxed if the test is given with a familiar person and in familiar surroundings. The assessor should discover which stimuli produce responses from the pupil: noise, music, speech, and/or gestures. By observing the pupil in a variety of situations, the assessor can determine which physical movements the pupil can voluntarily and reliably control. Such observations assist in determining whether the child's physical disability interferes with communication.

The assessor needs to determine which behaviors the child has learned for communicating with his or her family. The assessor should look for the child's ability to point to a word or picture, nod in a specific direction, operate a switch, direct his or her eye gaze or blink for a response, or make other subtle forms of communication.

The child must be in a comfortable position to provide for optimum control of the movement used for communication and to minimize abnormal reflexes or other interfering movements. In making this determination, the assessor should note the child's range of motion, speed and control of movement, and ability to cross the midline of the body. The pupil's strength and endurance will greatly influence the length of each testing period.

After the pupil's methods of communication have been determined, the assessor should observe the pupil to discover whether a consistent yes or no response exists. If not, an alternative signal should be established. The signal should be taught and rehearsed so that the pupil clearly understands how and when to respond. If such a system cannot be devised, the evaluator should then state clearly on the assessment report how the assessment's conclusions were obtained. Other observed behavior that supports these conclusions should also be documented.

Once communication systems have been established, informal and diagnostic evaluations may begin.

Modification of the Assessment Tools

Does the staff modify assessment tools to enable the pupil with a severe orthopedic impairment to respond?

Tests may be modified in their presentations, required pupils' responses, and conditions for administration. The modifications depend on the severity of the orthopedic impairment and on any accompanying impairments. Examples of modifications include:

1. Extending the time allowed for administering the total test
2. Separating the test and administering each section on a different day or in a different sequence
3. Extending the time for each section to allow for a pupil's slow response rate
4. Rephrasing test items for yes or no responses
5. Cutting test booklets apart and enlarging or separating the test items (Test items may also be placed in pocket charts to reduce the assessor's chances of misunderstanding a pupil's choice.)
6. Placing the test on a computer, if the pupil can operate one
7. Providing various methods for the child's responses, such as pointing to the preferred answer, typing the answer, tape-recording the answer, or dictating the answer to someone else
8. Using only certain subtests of a standardized test in some instances

Results from any modified part of a standardized test do not produce normed scores, but these results do allow the pupil to demonstrate learned knowledge and skills.

All adaptations of assessment tools must be documented in the written assessment reports, summarized in the pupil's individualized education program (IEP), and considered when recommendations for curriculum and placement are being made.

Assessment in Suspected Areas of Disabilities

Education Code Section 56320(f) requires pupils to be "assessed in all areas related to the suspected disability." The areas of assessment examined in this section are speech, language, and communication; ability and achievement; social and emotional development; life skills; self-help skills; mobility; physical education skills; career and vocational choices; and health.

Assessment of Speech, Language, and Communication

Are all aspects of the pupil's expressive and receptive speech and language assessed?

For educational planning the pupil's current measurable potential and achievement must be thoroughly assessed as well as the relationship of the handicapping conditions to both areas.

The pupil's listening comprehension is a critical skill that should be assessed early. The evaluator needs to determine the pupil's comprehension of words and scope of auditory vocabulary.

The pupil's orthopedic impairment often affects the physical movements used in eating and the coordination required for speaking. Sometimes the impairment restricts the pupil's ability to swallow or causes extensive drooling or both. Coordination of breathing and speaking often produces disorders in the pupil's intensity of speech and the vocal quality. Inability to direct the fine movements of the tongue often produces speech distortions. If the tongue and lip muscles are profoundly affected, the pupil is unable to speak.

Therefore, assessing the functions of the speech musculature should be a priority for the language, speech, and hearing specialist. Observations of the pupil during school will document times when the pupil does not drool, management of the lips and tongue during eating and speaking, and changes in speech patterns when the pupil becomes tense or excited. The language, speech, and hearing specialist should coordinate the findings of this assessment with those of the occupational therapist. These combined findings will assist in determining the prognosis for the pupil's being able to perform the desired movements, coordinate the breathing with the production of speech, and control the intensity and tone of the speech. The therapist may be able to suggest physical positioning that will enhance the pupil's ability to eat and speak.

Language acquisition and comprehension should be assessed, even if the pupil has badly distorted speech or does not speak. The specialist should determine whether or not the pupil understands speech, responds to speech appropriately, has developed a means of communicating needs and desires to others, and has developed some understanding of the syntactic components of language. The need to develop a functional augmented communication system should be considered. The recommendation to use an augmented communication system should be made by the IEP team, members of which should include the occupational therapists and physical therapists who have assessed the pupil.

Assessment of Ability and Achievement

Are the teachers provided with helpful information concerning the pupil's learning style, ability, achievement, and strengths?

For educational planning the pupil's current measurable potential and achievement must be thoroughly assessed as well as the relationship of the handicapping conditions to both areas. The assessment information can be used to identify the pupil's strengths, needs, and learning style and the learning rate that can be expected on the basis of current data; and to compare assessment data with those of previous assessments and with the adequacy of the pupil's cognitive processes.

Intellectual quotient scores alone provide little useful information to the teacher. More important is to note the pupil's level of attention, problem-solving skills, discrimination ability, association skills, and communication skills and the development of object permanence. Informal observations can be used to determine the pupil's learning style and strategies for solving problems.

The pupil's knowledge of the core curriculum at the appropriate grade level should be assessed. With curriculum-based assessments, results from regular daily lesson materials are used to indicate discrepancies between the performance of a pupil with a severe orthopedic impairment and that of the nonhandicapped peers working with the same curriculum. All modifications of the timing or order of the test items, mode of response, level of difficulty, or materials used in the test situation should be delineated. The evaluator should describe the effects of these modifications on the pupil's performance and the results of the assessments.

Assessment of Social and Emotional Development

Does the staff assess the pupil's social and emotional interactions with handicapped and nonhandicapped peers and adults?

The pupil often lacks adequate opportunities to experience interactions with nonhandicapped peers or to explore his or her environment. Observations of social skills and behaviors will indicate whether behavior is appropriate to the situation; whether the pupil initiates personal interactions in a socially acceptable manner; and whether the pupil can transfer learning from one social setting to another. Learning to accept corrections or directions from another is not only helpful in school but also a necessity for good work relations. Observing the child with his or her parents and other family members will indicate the family's acceptance of the child and the child's role in the family structure. Methods of assessing the child's social and emotional skills

Self-help skills enable the pupil to function as independently as possible within the community.

other than through observation are self-rating scales, family interviews, and various rating scales completed by the educational staff.

Although a specific set of social and emotional characteristics cannot be linked to a severe orthopedic impairment, many issues influence the pupil's ability to accept the consequences of his or her impairment. Among these are feelings concerning the lack of choice or control in decisions affecting what is done to his or her body; anxiety about dating, marriage, and having children; worry about the death of parents; and, for the pupil whose orthopedic impairment is progressive, feelings about dying and death.

Cultural factors may influence others' acceptance of the pupil. These factors vary because of the size of the community, ethnic mix, family and community traditions, and the effectiveness of schools in helping the pupil become accepted. If the pupil fails or is limited in functioning within these cultural boundaries, his or her social acceptance and development of a good self-concept may be inhibited. The cultural factors that affect a pupil should be assessed as well as the family's reaction and adjustment to the pupil's impairment.

Assessment of Life Skills

Does the staff assess the continuum of independent living skills appropriate to the age of each pupil with a severe orthopedic impairment?

Life skills are a combination of functional skills that influence the pupil's interaction with his or her environment and affect how and where the pupil will live, work, and play. For the pupil with a severe orthopedic impairment, independent living skills should be assessed beginning in preschool and continuing through graduation. These skills fall into the general categories of self-help and mobility. Before an evaluator can assess independent living skills, assessment data concerning fine and gross motor skills are needed.

In addition to obtaining medical assessments from California Children Services or the pupil's primary health care provider, the assessment team needs to evaluate the child's fine motor and gross motor skills. The focus of the evaluation is on the effect that the suspected disability has on a child's educational functioning. The assessment of the child's motor abilities can best be conducted in the classroom across a variety of settings that directly relate to the child's overall educational program. The assessments may include a child's mobility (the ability to travel from one place to another), transition to independent living, perception, and career and vocational planning. The assessments may be conducted in collaboration with a variety of staff members, such as the teacher of orthopedically impaired; vocational education teachers; adapted physical education teacher; speech, language, and hearing specialists; school nurse; and contracted certified public agency personnel (therapist). The assessment data obtained by each professional who assesses the pupil's fine and gross motor skills must be summarized in the assessment report.

Assessment of Self-help Skills

Does the staff assess the continuum of self-help skills appropriate to the age of each pupil?

Self-help skills enable the pupil to function as independently as possible within the community. These skills are used for dressing, toileting, eating, grooming, shopping, preparing food, taking care of the home, planning activities for leisure time, and completing homework. The assessment team needs to learn which skills the pupil can perform independently and whether they can be performed in various situations. Part of the assessment should determine whether the pupil is able to perform some tasks if adaptive techniques, aids, or a helper are used. When the pupil cannot perform a skill, he or she should be able to ask for assistance and to communicate the basic steps in the skill in order to direct a helper.

Assessment of Mobility

Are assessments of mobility provided in a variety of community environments using available public and private transportation systems?

Independent mobility is a vital component for successful interaction within the community and transition into the workplace. A pupil with a severe orthopedic impairment may have experienced limitations in the ability to move from one place to another. Independent mobility must be assessed in a variety of situations: the classroom, playground, home, workspace, shopping mall, and other places within the pupil's environment.

In addition, the pupil's ability to give directions to others must be assessed. The less ambulatory the pupil, the more he or she needs sufficient spatial orientation to give clear and correct directions to any assistant or driver, including obtaining assistance to enter a vehicle. The pupil must be able to determine the best way to travel to a club meeting or the doctor.

Assessment of Physical Education Skills

Are physical and motor skills assessed relative to participation in leisure-time activities and life-time sports?

Physical education involves the development of one's physical and motor fitness; fundamental motor skills and patterns; and skills in aquatics, dance, and individual and group games and sports. Instruction in physical education is a vital part of the pupil's total educational program. Physical education programs enable pupils to maintain or improve physical skills and develop socially as well as to pursue leisure skills and lifetime sports. Assessment includes gathering information from the classroom teacher; the pupil's cumulative folder and medical history, including assessment reports from physical and occupational therapy; and from an appropriate instrument to assess motor skills. The assessment should identify whether specialized physical education equipment will be needed for the pupil to participate in physical education activities. The assessment should be administered by an individual who has a credential in adapted physical education.

Assessment of Career and Vocational Choices

Does the staff use age-appropriate assessments of prevocational career education, vocational education, and career development?

To develop career or vocational plans for a pupil, the IEP team should consider the pupil's vocational interests, work-related behaviors, physical and academic capabilities, and ability to use specialized equipment in work situations.

Preparation for paid or unpaid employment begins early in a pupil's life. Assessments for a pupil in elementary school should focus on how well he or she performs activities that lead to future occupational practices, such as following directions, completing assignments or work tasks, responding to criticism or suggestions, interacting with peers and coworkers on group tasks or projects, following or planning a sequence of actions, assembling the necessary materials for the task, and putting them away afterwards, and handling work tasks safely.

Assessments for a high-school age pupil should cover his or her knowledge of various occupations and special vocational and occupational interests; for example, the pupil's knowledge of the requirements for a selected occupation, perception of being able to perform the work, and ability to advocate for his or her needs or opinions.

A pupil's limitations on movement related to in-school workstations should be reviewed to determine whether the pupil will need adaptations or a special piece of equipment. Informal observations of work-related classroom activities are a foundation for later formal vocational assessments. Various educational personnel and career counselors or rehabilitation staff are the best persons to conduct these formal and informal assessments. Grade-level assessments should address career awareness, exploration, preparation, and participation.

Assessment of Health

Does the staff ensure the gathering of a health and developmental history and the need for medically necessary therapies for each pupil?

Initially, the primary concerns for the pupil may be the treatment of the medical problem and habilitation. As the medical problem and orthopedic impairment become manageable, the focus gradually changes to the educational and vocational components of the pupil's program.

The following subsections generally constitute a comprehensive medical assessment of a pupil with a suspected or known orthopedic impairment. For most children the medical assessments are performed by public agencies other than those from education, or the parents may use private medical sources. The content of each subsection will be discussed as it applies to the child.

Developmental history. The school nurse or a public health nurse should complete a health and developmental history for every pupil entering California's special education school system. One or both parents or guardians generally are interviewed for information relative to the child's health and developmental progress.

For the pupil with a severe orthopedic impairment, additional factors are important for the school staff to know beyond those of the usual developmental history.

General health. After the school nurse has completed the child's health and developmental history, the parents are asked to give their written consent for the local educational agency to request the child's health records. From these records the school nurse receives additional specific medical information concerning the child's impairment. The family's primary health care provider may recommend therapy, specific equipment, medication, or specialized physical health care services to be provided during the school day.

If the family of a pupil with a severe orthopedic impairment does not have a primary health care provider, the general health assessment may be conducted by a nurse practitioner, paneled California Children Services pediatrician, or another medical doctor.[6]

Physical Asessment Services

Does California Children Services (CCS) conduct orthopedic, fine motor, and gross motor assessments to determine the need for medically necessary therapies?

When a pupil's physician identifies a neuromuscular or musculoskeletal condition which may require medically necessary occupational therapy or physical therapy, a referral may be made to CCS. This agency screens for medical eligibility prior to determining whether a pupil is eligible for CCS medical services. Assessments are performed by the CCS occupational therapist or physical therapist or both under a physician's orders. The assessments are conducted in the areas of orthopedic functions, fine motor functional skills, and gross motor functional skills, and the determination is made by the medical therapy conference team that medically necessary therapy is needed.

Orthopedic Assessment

Whenever a child has a presumed neuromuscular or musculoskeletal condition, the orthopedic assessment is usually performed by a paneled California Children Services' orthopedist, except when the parents prefer to use their private orthopedist.[7] The orthopedist will assess the controlled and uncontrolled movements of the pupil's body to determine the functional potential of the pupil. Special emphasis is given to attaining maximum mobility and functioning of the hands and arms. The orthopedist may recommend corrective surgery, braces, a wheelchair, and/or occupational or physical therapy as alternatives that will improve the child's physical functioning. If needed, the orthopedist will suggest specific equipment required by the pupil, as verified by the assessment data from the Medical Therapy Conference Team; for example, occupational therapist; physical therapist; or language, speech, and hearing specialist.

Fine Motor Assessment

The fine motor assessment may be performed by a California Children Services' occupational therapist working with the orthopedist. If the child is not eligible for California Children Services, the LEA may contract with an occupational therapist skilled in pediatric therapy to conduct the assessment. A physician's prescription is not necessary for an evaluation or service from a therapist contracted through an LEA. The LEA may determine which discipline conducts the assessment. Fine motor skills deserve particular attention because of the importance of developing the pupil's growth and independence in self-help skills. The current level of the pupil's functional skills is identified and matched with the pupil's potential abilities and projected lifelong needs. If the child's use of hands is limited, the therapist will determine whether an adaptive device or procedures can be developed to use with age-appropriate activities. The therapist will search for adaptations that may enable the pupil to use an augmented communication device or a computer. Based on assessment data and recommendations from the Medical Therapy Conference Team, or other assessors, environmental modifications, adaptive equipment, or various activities that minimize the effects of a disability and maximize the growth of functional skills may be recommended.

Gross Motor Assessment

The gross motor assessment may be performed by a California Children Services' physical therapist working

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[6] A definition for *paneled California Children Services pediatrician* appears in the Glossary.

[7] See the Glossary for the definition of *paneled California Children Services orthopedist.*

The family should be directly involved in the educational assessment process.

with an orthopedist. If the pupil is not eligible for California Children Services, the LEA may contract with an occupational therapist skilled in pediatric therapy to conduct the assessment. The LEA may determine which discipline conducts the assessment. Assessments determine the development of gross motor skills in general and identify the order in which motor skills should be addressed in order to approximate the sequence of normal motor development. Based on assessment data and recommendations from the Medical Therapy Conference Team, or from other assessors, environmental modifications, adaptive equipment, or various activities that minimize the effects of the disability and maximize the pupil's physical growth are recommended.

Infants and Preschool Pupils

Does the local educational agency or office of the county superintendent of schools provide for transdisciplinary team assessment of infants and preschool children who are severely orthopedically impaired?

Regional Centers and California Children Services, in addition to local educational agencies, have legal mandates to search for infants with disabilities. Staff from local subdivisions of these agencies may identify infants with severe orthopedic problems before the educational agency becomes involved with the family. Written parental permission must be obtained so that assessment data from these agencies may be shared with the assessment team. This approach encourages coordination among the agencies serving the infants and eliminates needless duplication of assessments. Interagency planning, coordination, and cooperation are necessary for the infant or preschool pupil to benefit from services provided by more than one public or private agency. The primary physician should be contacted to provide current medical information and to assist in determining whether providing services to the infant or preschool child is advisable. (See *Education Code* Section 56426.8[b].)

When the infant is referred for educational services, an assessment plan, which includes the known information, shall be developed to determine the infant's eligibility for special education and to assist in educational planning. Assessment and observations of play are an integral part of each childhood assessment. The family should be directly involved in the educational assessment process.[8] Ongoing informal assessments, including frequent and periodic feedback to the family, should be conducted to provide for the infant's changing needs.

For infants and preschoolers a team assesses and provides services in a transdisciplinary manner. Members of many professional disciplines and the family concurrently observe, evaluate, and prepare a group report on the child's current level of performance. Those assessing the infant should be familiar with both normal and atypical infant growth and development as well as with special methods and equipment needed for assessing a child who is orthopedically impaired and interpreting the results. One member of the team may later be designated to provide services to the infant or preschool child across the usual boundaries between disciplines, thus the term, *transdisciplinary*. The primary provider of services to the child shall have the credential for the orthopedically impaired and training appropriate to the child's low-incidence disability.

To increase the accuracy of the results for the infant or preschool child, the team should conduct the assessments during the optimum time of day for the child and in familiar surroundings. Many assessments are conducted in the infant's or preschool child's home. This method necessitates flexible scheduling for the staff. Members of the assessment team should, if possible, assess the infant simultaneously rather than separately. The parent is an integral part of the assessment team.

In addition to reporting developmental, psychosocial, and health information, those preparing the assessment report should indicate the time of day and length of contact with the infant, the kind of environment, the presence or absence of family members, the infant's familiarity with the evaluator, and the observed behavior of the infant. All of these factors will affect the child's responses.

Cautions for Assessments

Does the local educational agency or office of the county superintendent of schools ensure that pupils with

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[8] The term *family* includes the primary care provider, such as a foster parent, baby sitter, or extended family taking care of the infant.

severe orthopedic impairments are assessed in all areas of suspected disabilities?

Pupils who are on an academic track may still have needs specific to their disabilities. These needs must be *addressed* and *assessed* regularly. Although an assessment indicates that a pupil does not have particular problems, one should not assume that difficulties will not occur in the future. For example, a pupil may experience future social/emotional problems, difficulties with mobility or travel, or a lack of competence in operating assistive equipment or devices.

The pupil with a severe orthopedic impairment faces challenges and progressive levels of awareness of his or her place in the family, at school, and among peer groups (handicapped and nonhandicapped), and of his or her future role in society. The need for instructional support and services specific to the disability should be determined yearly because both the pupil and the community change. Placement in a regular education program does not preclude these possible changes.

Developments in educational technology increasingly affect nonhandicapped pupils, because accessibility to this technology by pupils of all ages can be improved with adaptations. Skill development should address use of strategies and technologies which enable the pupil to participate in his or her own peer group whenever possible and should be considered at each transitional stage of the educational continuum.

Because of the increasing growth of diverse cultures in California, assessors must consider the effects of cultural influences and expectations when a pupil is being assessed. Any severely orthopedically impaired pupil who is identified as limited-English proficient (LEP) must be assessed in his or her primary language. Additionally, the Larry P. court order prohibits the use of an intelligence quotient assessment of black pupils for any special education purpose. (See Appendix G "Larry P. Litigation: Directive to State Special Educators".)

Assessment Reports

Do the assessment reports identify the pupil's special needs, including those for specialized equipment and materials?

Each team member who assesses the pupil may write a report for each assessment or may summarize all of the assessment data. If the local educational agency elects to have one assessment report available to the IEP team, then one staff person should be responsible for compiling and summarizing all of the assessment information.

When writing the assessment report, the evaluators should indicate any modifications made during the assessment process, such as allowance for the use of specialized equipment, alternative modes of students' responses, extended time, and any alterations made during the administration of the test.

In reporting the findings of the assessments, the evaluator should list and discuss the implications of the modifications that were made, including a statement of how the pupil's handicapping conditions, such as limited physical movements or nonoral or distorted speech, affected the test results.

Assurance must be given that the assessments, as described in the pupil's assessment plan, were given in the pupil's primary language or mode of communication and were aided, when necessary, by a trained translator or interpreter. If such individuals are not readily available to the assessment teams, attempts to obtain qualified persons and assessments should be documented. How the assessment results were affected and how recommendations were determined should also be documented. Interpretation of test results and observations of the pupil should contain applications for the classroom and implications for direct hands-on activities.

CHAPTER TWO

The Individualized Education Program

This chapter contains a discussion of the compostion of the individualized education program (IEP) team and the purpose of its meetings. Also appearing are a definition of the IEP and an examination of its components. Related services that may be included in the pupil's IEP are language, speech, and communication services; occupational therapy; physical therapy; counseling services; mental health services; instruction in daily living skills; instruction in mobility; adapted physical education; drivers' education; transportation services; and specialized physical health care services.

The IEP Team

What is a legally constituted IEP team?

The IEP team consists of the administrator or designee, the teacher, and the parents. When appropriate, the team shall also include the pupil and other individuals selected at the discretion of the parent or the agency conducting the meeting. The pupil should be included as soon as the teacher and parent consider this action appropriate. Anyone whose assessment of the pupil contributed to the development of the IEP should also be at the meeting. If this is not possible, a substitute who is familiar with the results of the assessment and qualified to interpret the results or recommendations should attend. Every member of the team should be familiar with the general needs of pupils with severe orthopedic impairments.

The composition of the IEP team is extremely important because the members provide the foundation for a transdisciplinary system of providing instruction and services. Examples of participants are the school nurse; occupational therapist; physical therapist; language, speech, and hearing specialist; adapted physical education teacher; and vocational education teacher. The local educational agency should make every effort to limit the IEP team to the essential number of participants and thereby not intimidate the parents with the presence of numerous professionals.

What is the purpose of the IEP team meeting?

The IEP team meeting provides an opportunity for all the professionals on the team and the family to communicate and a common format for cooperative, coordinated planning of the pupil's educational program. The meeting provides direction to the professionals who are implementing the program and guides them in making instructional modifications when necessary.

Definition of the IEP

What is an IEP?

According to federal and state laws and regulations, the IEP is a written statement of the instruction and services to be provided to the child with a disability. The IEP is developed by the IEP team with information from assessments conducted in all areas of suspected disabilities. It sets forth a written commitment of resources necessary for the pupil to receive an appropriate education and related services. The IEP does not guarantee the pupil's attainment of the goals and objectives listed, but its contents are binding on the local educational agency to provide all of the services listed.

The IEP should be written in easily understood language. When the parents and other professionals leave the IEP team meeting, they should understand the content of the IEP and the extent of the services for each provider.

Many teachers prepare the pupil for the IEP team meeting by explaining the procedure and the role of the team. The teacher may review the proposed goals and objectives with the pupil when appropriate.

Components of the IEP

What are the required components of a pupil's IEP?

The individualized education program shall include the following six elements:

1. *The pupil's present levels of educational performance*[1]

   According to federal and state laws and regulations, the pupil's present level of performance should be summarized. The summary should accurately describe the effect of the pupil's handicap on performance in academic and nonacademic areas. Information about a pupil's health, motor development, daily living skills, communication skills, social and emotional development, physical education skills, leisure-time activities, and prevocational and vocational plans should be included when this information is pertinent. The summary should not merely restate test scores, but should describe the pupil's capabilities and the effect of the orthopedic impairment on the pupil's education. A pupil's strengths and weaknesses should be noted. If a specific area was not evaluated, this information should appear in the summary with an explanation of why the assessments were not conducted. Any modification of the test to accommodate the pupil's disability should be explained. If no adaptations or modifications of the test were necessary, the assessor should note that the publisher's standard directions were followed. If no need exists in an area, the assessor should include a statement that the pupil is performing at an appropriate level. The summary identifies the needs which are the basis for determining the goals and short-term objectives for the pupil. A direct relationship must exist between the present levels of educational performance and the other components of the IEP, such as the goals, objectives, instruction, related services, and evaluation criteria.

   When the team is reviewing the pupil's IEP, the pupil's progress on the previous year's goals and objectives should be summarized.

2. *The annual goals, including short-term instructional objectives*

   The federal government defines annual goals as being "... what a handicapped child can reasonably be expected to accomplish within a twelve-month period in the child's special education program."[2] A direct relationship must be established between the annual goals and the pupil's present levels of educational performance. The teacher, parent, and other service providers develop the annual goals from the assessment data or present level of performance. The goals describe the anticipated long-term outcome for the pupil. Goal

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[1] The italicized statements are from *Education Code* Section 56345.

[2] *Federal Register*, Vol. 46, No. 12, Monday, January 19, 1981, p. 5470.

The direct relationship must be emphasized between the assessment data, the annual goals, and the short-term objectives and their evaluation.

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statements provide a focus and emphasis for instruction and are based on a learner's identified needs.

Examples of goal statements for a pupil with a severe orthopedic impairment might be to be able to:

- Consistently travel between classrooms independently.
- Use the assistive aid to complete lessons in reading.
- Learn to use an augmented communication device to communicate needs, responses, and other requirements for lessons.

Goal statements become the basis for the short-term measurable objectives which are the foundation of the instruction. As clarified by federal laws, "Short-term instructional objectives are measurable, intermediate steps between a handicapped child's present levels of educational performance and the annual goals that are established for the child. The objectives are developed based on a logical breakdown of the major components of the annual goals, and can serve as milestones for measuring progress toward meeting the goals."[3] Again, the direct relationship must be emphasized between the assessment data, the annual goals, and the short-term objectives and their evaluation.

Short-term objectives are written by the members of the IEP team; for example, teacher, parent, or service provider. Educational behavioral objectives usually include the following components:

- A description of the behavior to be learned
- The date when the learned behavior is to be demonstrated
- The conditions under which the demonstrated behavior is to be evaluated
- The criteria that will be used to measure whether the behavior has been learned

Goals and objectives may need to be written on two levels. The first, or operational level, is the ability to perform a specific action or set of actions or to use a piece of equipment. The second level is the ability to use the equipment interactively, initiate communication, or apply what has been mastered on the operational level in a different environment or community setting. After the pupil learns to operate the specialized equipment, he or she must be able to use it in a functional manner.

Examples of objectives for a pupil with a severe orthopedic impairment might be:

- In six weeks, Alicia will be able to locate the telephone number of the transportation agency for the disabled and dial it correctly for three consecutive days, as measured by the teacher.
- By June of the current year, Bill will be able to type his name, the date, and simple yes or no answers with 90 percent accuracy, as measured during a month by the teacher.
- By June of the current year, during the allotted test time, Bill will be able to type simple yes or no answers to the rephrased questions corresponding to those which occur at the end of each chapter of his California history textbook.
- By April, 19, John will be able to employ an augmented speech system (communication board, buzzer, or computerized speech) to answer yes or no to the teacher within a seven-second time frame 90 percent of the time.
- In one year Sally will have achieved 85 percent accuracy on arithmetic grade level competencies, using a calculator with a key guard and requiring no more than 50 percent additional time than that for the regular class.

When specialized equipment or materials are listed on the pupil's IEP, one should not indicate a name brand but instead should list the type of equipment, such as computer, electronic typewriter, and so forth. The IEP should indicate which staff person is responsible for implementing or monitoring the implementation of each short-term objective. Sometimes the pupil is identified as the responsible person.

3. *The specific special education and related services required by the pupil*

The IEP team's statements of goals and short-term instructional objectives identify the kind of special education that will be provided. The nature and type

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[3] *Federal Register*, Vol. 46, No. 12, Monday, January 19, 1981, p. 5470.

The IEP should stipulate how much time the pupil will spend in a regular education program.

of services for each goal and objective should be described, such as individual or small-group instruction, teacher-directed group projects, and so forth. A good practice is to specify the course of study that is most appropriate to meet the pupil's needs and to describe whether the curriculum being pursued is regular, parallel, or functional.

Related services must be included when they are necessary for the pupil to benefit from special education. These services help the pupil to attain the goals and objectives developed by the team. Each provider of a related service should be indicated on the IEP, even if another agency provides the service. Other public agencies responsible for providing related services are accountable for conducting the assessments, participating in the IEP team meeting, and developing the related goals and objectives.

Federal regulations consider physical education and vocational education as special education (34 *CFR* 300.14). California *Education Code* Section 56363 lists adapted physical education and specially designed vocational education and career development as designated instruction and services. Both may be included as special education or as a related service. Adapted physical education is discussed under examples of related services described in this chapter, and specially designed vocational education and career development are addressed under additional California mandates to the contents of the IEP.

4. *The extent to which the pupil will be able to participate in regular educational programs*

The IEP should stipulate how much time the pupil will spend in a regular education program. The *California Code of Regulations, Title 5, Education,* Section 3042(b) requires that the team document the alternatives considered and the rationale for placement.[4] To say that a pupil was placed in a program because he or she was orthopedically impaired and needed additional services is not sufficient. The IEP team must document why the regular program could not be modified or why the services could not be delivered at the site of the regular program. Decisions about placement must be reviewed each year to determine whether the placement is still appropriate and is the least restrictive of the available program options for implementing the pupil's IEP.

5. *The projected date for initiation and anticipated duration of such programs and services*

The providers of the instruction and related services should indicate when the services will begin and the anticipated length of time for the services to be delivered. The services should begin as soon as possible following the IEP team meeting. Because the IEP must be reviewed or revised annually, the anticipated duration of services is interpreted to mean one school year or less.

The *California Code of Regulations, Title 5, Education,* Section 3051(a)(2) also requires that providers of related services indicate the frequency of the services and the duration of their services. The level of commitment of staff and resources should be clear to the parents and other team members. The listing of the frequency of providing a service does not require a lengthy statement but can be abbreviated as follows:

- Wkly. session 45 to 60 min.
- Once/wk. 20 min. w/parent or teacher; once/wk. 30 min. w/pupil
- 20 min, 1 to 3xs a week
- Twice/wk. 30 min. ea.

6. *The appropriate objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved*

If the teacher, parents, and other team members, including related service providers, develop the short-term objectives according to the components listed previously, the "evaluation procedures and acceptable criteria" have been addressed. The date for the yearly evaluation of the pupil's progress is recorded on the IEP. At the time specified for determining a pupil's progress on the short-term objectives listed on the IEP, the teacher or related service provider should record on the IEP the level of proficiency that the pupil has attained. This information is the foundation on which the next IEP is developed.

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[4] The text for this legislation appears in Appendix D, "Selected Legal Requirements."

The objectives should be monitored continually to determine the pupil's progression toward the identified goals. If the pupil does not appear to be making progress, the teacher should request a meeting of the IEP team to determine whether the goals and objectives need revision. Sometimes a pupil's lack of progress may be caused by a change in medication, recent illness, change in the school environment, or crisis in the family.

Ongoing monitoring of the objectives helps teachers, parents, and other professionals follow the pupil's progression toward the identified goals, revise short-term objectives when necessary, and eliminate needless repetition of instructional objectives and materials. If the pupil achieves the goals and objectives before the date for evaluation, the IEP team should meet to develop new ones.

The California *Education Code*, Section 56345(b), mandates seven additional components that must be addressed, when appropriate, in the pupil's IEP:

1. *Prevocational career education for pupils in kindergarten and grades one to six, inclusive, or pupils of comparable chronological age*

   or

2. *Vocational education, career education or work experience education, or any combination thereof, in preparation for remunerative employment, including independent living skill training for pupils in grades seven to twelve, inclusive, or comparable chronological age, who require differential proficiency standards*

   All pupils with severe orthopedic impairments, kindergarten through grade twelve, should have goals and objectives related to prevocational, vocational, career, or work experience education. The goals of younger pupils might address becoming increasingly independent in taking care of their own needs, learning better work habits, mastering certain physical movements to enable them to use specific technological equipment, initiating interactive use of augmented communication, as well as being introduced to the world of work.

   For older pupils specific goals and objectives should address vocational, career, or work experience education; plans for transition to employment or postsecondary education; or any combination thereof. The IEP team should review the data from assessments for levels of academic, physical, emotional, self-help, and vocational skills, as well as explore the pupil's specific interests to assist the pupil in planning for the transition from school to the workplace.

   Use of computer technologies in the workplace is increasing employment opportunities for the orthopedically impaired. Strategies and technologies to improve a pupil's access to employment combined with skills on personal computers can improve employability, increase independence, and make pupils economically competitive as they enter the workplace. The passage in 1990 of the Americans with Disabilities Act will alert employers to their responsibilities to accommodate the workplace for their disabled employees.

3. *For pupils in grades seven to twelve, inclusive, any alternative means and modes necessary for the pupil to complete the district's prescribed course of study and to meet or exceed proficiency standards for graduation*

   Teachers in middle and upper grades of pupils with severe orthopedic impairments should know the local educational agency's standards of proficiency that the school district governing board has adopted for the basic skills. These must include reading comprehension, writing, and computational skills and any others that the board deems necessary for pupils to succeed in school and life experiences. If the assessment data and the pupil's rate of progress indicate that the pupil may not be able to accomplish the regular proficiency standards, the IEP team should develop differential proficiency standards beginning with the seventh grade and list them on the pupil's IEP. The differential proficiency standards are part of the process of developing, reviewing, and revising a pupil's IEP. The IEP team may consider:

   - Regular proficiency standards
   - Modified proficiency standards (reduced number of test items in each assessment)

- Reduced level of required competency
- Different standards unique to the pupil—functional life skills

The IEP team must document whether the test should be administered differently or whether the pupil will be allowed to respond to the test questions in an alternative mode. Alternative modes for a pupil to take the test may include permitting oral or typed responses or use of a communication board, a calculator, a tape recorder, or an augmented speech device. Alternative ways of administering the tests may include adjusting for the pupil's rate of response by allowing more time, giving the test over several days, using fewer test questions on any one topic, and providing breaks during the testing period.

A good practice is to attach a list of the graduation requirements to a list of the differential proficiency standards. If the pupil needs a modified course of study that does not lead to a standard diploma, a statement of the district's board-adopted modified curriculum should be referenced on a pupil's IEP.

4. *For individuals whose primary language is other than English, linguistically appropriate goals, objectives, programs, and services*

   Lack of proficiency in the English language adds another obstacle that the pupil with a severe orthopedic impairment must overcome. The goals and objectives for a pupil whose language is other than English should address teaching him or her to communicate in English either orally or with augmented communication devices.

5. *Extended school year services when needed as determined by the individualized education program team*

   The IEP team may consider extended school-year services for the pupil with a severe orthopedic impairment for a variety of reasons. The goals and objectives of such a program may be an extension of the regular year's program, or they may be quite different; for example:

   - Completing a core curriculum subject in order to progress to the next grade level or to fulfill a graduation requirement
   - Expanding the pupil's course of study to include specific courses for the disability, such as mobility, travel, or career and community work stations
   - Providing a peer group and forum for concerns specific to the disability (Such concerns may not be addressed when few pupils with severe orthopedic impairments are on the regular school campus. Examples are family life education and career planning with relevant agencies. The goals and objectives may address social problems and skills necessary for various life situations.)

6. *Provision for the transition into the regular class program if the pupil is to be transferred from a special class or center or nonpublic, nonsectarian school into a regular class in a public school for any part of the school day*

   When pupils make the transition to less restrictive educational environments, an aide or special technological equipment must occasionally accompany the pupils; or modifications to the proposed class program or facility must be made to ensure that pupils have accessibility. The IEP should include the goals and objectives, list specialized requirements, and identify the responsible agency; for example, the school district that sends the pupil, the school district that receives him or her, California Children Services, Regional Center, mental health, and others.

   Currently, local educators are writing individual transition plans, specifying the support that is needed when a pupil goes from infant/preschool to elementary school, to junior high school and high school, and to postsecondary school or vocational training or competitive work. Individual transition plans shall be written for pupils who are sixteen years of age (fourteen, if appropriate). Planning for transitions needs to begin very early in the school years and continue until the pupil enters postsecondary education or competitive employment. As the pupil approaches graduation, the linkages among the elements of the program need to be strengthened and the various responsibilities clearly delineated.

Supplemental funds are earmarked for specialized materials, equipment, and services needed to implement the goals and objectives recorded on the pupil's IEP.

7. *For pupils with low-incidence disabilities, specialized services, materials, and equipment, consistent with [the] guidelines established pursuant to* Education Code *Section 56136 (See Appendix D, "Selected Legal Requirements.")*

   Pupils with severe orthopedic impairments are identified as being part of the low-incidence population. Supplemental funds are earmarked for specialized materials, equipment, and services needed to implement the goals and objectives recorded on the pupil's IEP. These funds may also be used to purchase peripheral devices and software for existing computers, making them accessible to pupils with severe orthopedic impairments. This is not an enrichment program nor a therapy program. There must be assessment data which serve as a basis for the goals and objectives and which necessitate the specialized materials, equipment, and/or services. Any reference to specialized materials or equipment should indicate the function of the needed equipment without indicating a preference for a certain commercial product.

Examples of Related Services

What are some examples of related services that may be included in the IEP of a pupil with a severe orthopedic impairment?

Related services that are discussed in this section are language, speech, and hearing services; occupational therapy and physical therapy; counseling services; mental health services; instruction in activities of daily living skills; instruction in mobility; instruction in adapted physical education; drivers' education; transportation services; and specialized physical health care services.

Language, Speech, and Hearing Services

Many pupils with severe orthopedic impairments have speech difficulties. The teacher should reenforce the program of the language, speech, and hearing specialist. To practice using speech or augmented communication and to learn how to communicate with others in multiple school and life settings, the pupil will need additional experiences in practical everyday situations as well as the sessions with the specialist. The language, speech, and hearing specialist will assist in developing goals and objectives for speech, language, and communication. These goals and objectives will become a part of the IEP, not a separate document.

Occupational Therapy and Physical Therapy

When the orthopedic impairment qualifies the child for California Children Services, he or she may be eligible for medically necessary therapy. When therapy is provided to the child, the teacher may be expected to plan the academic activities so that specific instructions are carried out such as determining the manner in which the child sits or stands, changing the child's position throughout the day, and using other ways that assist the therapist and the child. A goal statement with objectives that facilitate the coordination of activities for therapy with classroom activities should be included in the IEP.[5]

If a child receives therapy from a provider other than California Children Services, the same requirements for IEP participants, goals and objectives, and consultation to teachers are in effect.

Counseling Services

If goals and objectives indicate a need for counseling, such services must be specified in the IEP. Counseling needs might include helping the pupil to understand his or her physical limitations, develop a positive self-image, develop acceptable social skills, or plan for a transition from school to the work force. If the IEP team suspects that the pupil needs in-depth counseling that is beyond the expertise of the school staff, the pupil may be referred to the county mental health program.

Mental Health Services

Some pupils may receive psychotherapy and other mental health services from the county mental health staff. The teacher needs to work closely with the counseling staff to reinforce concepts and to implement consistent behavioral management for these pupils. A goal statement with objectives that facilitate the coordination of activities for therapy with those of the classroom should be included in the IEP.

Instruction in Activities of Daily Living Skills

If aspects of activities of daily living skills, or life skills, are taught by special education staff, this instruction should be included as a related service in the IEP. If the pupil is able to participate in a regular class, such as home economics, without the need for major modifications or assistance, goals and objectives are not written for the pupil; and this instruction is shown as time in the regular class. If a counselor can modify the regular program to meet the pupil's activities of daily living needs, the IEP should indicate how often this consultation occurs, the name of the counselor, and the goals and the objectives of the pupil in this setting.

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[5] See Appendix E, "Procedures and Guidelines for Health Care," for concerns and suggestions when pupils are using adaptive equipment.

Instruction in Mobility

Mobility is a major problem for pupils with severe orthopedic impairments. If the mobility instructor is to work with the pupil, this service should be included as a related service on the IEP, with the appropriate goals and objectives listed. In addition, the classroom teacher should encourage the pupil to practice and refine his or her mobility skills during the school day.

Instruction in Adapted Physical Education

The recommendation regarding physical education involves consultation, modified physical education, specially designed physical education, and adapted physical education, depending on the educational needs of the pupil. Coordination among all staff working with the pupil is necessary for planning an effective program. Consultation among the physical therapist, adapted physical education specialist, and even the pupil's physician may be necessary. Such coordination of activities or consultation should be documented. The adapted physical education teacher may consult with the teacher concerning classroom physical education activities that the teacher may conduct and with the therapist to develop modification of the equipment and the physical education activities. In addition, the physical education teacher may plan leisure-time activities that the pupil can pursue with other class members. The IEP should indicate how often any type of consultation occurs as well as list the pupil's goals and objectives. Appropriate goals and objectives may address activities for fine motor skills and gross motor skills, modified physical education, and leisure time.

Drivers' Education

To participate in drivers' education, a pupil of the appropriate age must apply for a driving permit at the local field office of the Department of Motor Vehicles. The Department's driver's safety unit (or person who has this responsibility) will schedule an appointment with the pupil to review his or her application. The Department will ascertain whether the pupil has a specially equipped car available and review the medical documentation supporting the request for a driver's license. An assessment from a specific doctor or rehabilitation center is not required. Records from the family doctor or medical therapy records from California Children Services will suffice. Once the Department of Motor Vehicles approves the pupil's application, driver's education may become a related service with goals and objectives included on the IEP.

Other Considerations for the IEP Team

In addition to the related services previously discussed, what are other considerations for the IEP team?

Other areas to be considered in the pupil's IEP are school facilities, specialized physical health care services, and transportation services.

School Facilities

The IEP should state whether special requirements are needed at the school site in order for it to be accessible for the pupil. Modifications may be needed in the bathrooms, classrooms, school entrances, pitch of ramps, multipurpose rooms, and computer laboratories.

Specialized Physical Health Care Services

Pupils with severe orthopedic impairments may have additional specialized physical health care needs, such as catheterization, gavage feeding, suctioning, tracheotomy care, or other services that require some training for the provider of the service.[6] The need to provide these services during school hours should be indicated on the pupil's IEP.

If the specialized physical health care services are to be given during the school day, the parent must file a written statement requesting the school to do so. Before the school can implement such a request, the parent must obtain from the attending physician a report that:

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[6] Refer to *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils*. Sacramento: California Department of Education, 1990. For information on ordering this publication, see the last page of this document.

A qualified school nurse, qualified public health nurse, and/or licensed physician must train and periodically supervise the specialized physical health care provider.

1. Verifies the absolute need to perform the procedure during school hours
2. Includes information about the pupil's physical condition requiring the procedure
3. Includes a description of the procedure and a time schedule for providing it
4. Outlines steps to be taken if an emergency arises
5. Specifies the period of time covered by the current report

A qualified school nurse, qualified public health nurse, and/or licensed physician must train and periodically supervise the specialized physical health care provider. All providers and back-up providers of specialized physical health care services must have a current cardiopulmonary resuscitation certificate. The service provider is required to keep documentation records daily.

The local educational agency or office of the county superintendent of schools is not required to purchase any necessary supplies or equipment in order to provide the specialized physical health care service. The provision of these supplies and equipment is the parents' responsibility.

Transportation Services

The IEP should state the arrangements for transporting the pupil to and from school. If the pupil is learning to become independent through the safe use of public and private transportation, the IEP should contain goals and objectives which support this activity. Such transportation may include citywide van services equipped with lifts, citywide transit services (they may need to be equipped with lifts), and taxicabs. Objectives might address using the yellow pages of the telephone directory; telephoning to determine costs, service times, and routes of lift-equipped buses of the public transit services; and determining the cost per mile for taxis and type of assistance provided by taxi drivers.

CHAPTER THREE

Unique Program Needs

This chapter contains discussions of some of the components that should be addressed in the educational program for pupils with severe orthopedic impairments: core curriculum, modified core curriculum, specialized materials and equipment, physical education, leisure-time activities, social and emotional development, mobility for pupils, independent living skills, career and vocational education, and transition from school to adult life.

Core Curriculum

Does the staff ensure that pupils with severe orthopedic impairments are receiving age-appropriate core curriculum adapted when necessary to meet their needs?

The educational program for a pupil with a severe orthopedic impairment contains not only the local educational agency's board-adopted core curriculum but also additional subjects or related services needed to assist the pupil in coping with the impairment.

Teachers of pupils with severe orthopedic impairments should be familiar with the local educational agency's board-adopted core curriculum for each pupil's grade level. The pupil should participate in the regular curriculum to the degree that he or she is able. Core curriculum is more than reading, language comprehension, and mathematics. The program should include music, art, science, health, social studies, physical education, and written and oral communication. The same instructional materials should be used as are in the regular class, and the performance outcomes expected for a pupil should be the same as those for nonhandicapped peers. Exceptions are modifications of the instructional delivery and the pupil's response method.

Some pupils have limited physical abilities, decreased physical stamina, prolonged absences, longer response times, and accompanying sensory impairments. These pupils are capable of meeting the local educational agency's graduation requirements for a standard diploma if they can pass the proficiency tests when given sufficient time or test modifications or both. Because of necessary absences or limited energy and vitality, some pupils may take longer than usual to complete graduation requirements.

Actual experience in the community using money to buy food, a theater ticket, or a bus fare is better than endless practice with printed materials.

Adapted Curriculum

What is an adapted curriculum?

Other pupils may require an adapted curriculum, one in which the course sequence and concepts taught are comparable to those for each grade level. The teacher should ensure that the curriculum progresses sequentially. Concepts from a curriculum taught in any given year should relate to and expand on those taught in the previous year and, logically, should prepare the pupil to proceed to the next year's curriculum. Documentation of adapted courses of study should identify major similarities and differences from the board-adopted core curriculum.

Some pupils who have severe orthopedic impairments and other accompanying disabilities or developmental delays need a curriculum emphasizing basic academic skills, daily living skills, and community-based vocational training. The curriculum may be adapted and expanded as appropriate to meet each pupil's needs. Although the content of this curriculum may not be based sequentially on that of the core curriculum, the teacher should document the pupil's progress to prevent unnecessary replication of goals, books, and other materials used each year. Differential proficiency standards should be developed when these pupils enter the seventh grade, and the course of study which reflects individual needs should be planned. The pupil's program should emphasize skills to prepare for entry into the world of work and to facilitate long-term employment as well as independent living status. If this curriculum is to be used as a course of study for graduation, it must be approved by a local school district governing board.

Specialized Materials and Equipment

Does the staff provide the materials, equipment, adaptations, and opportunities for the pupil to learn to operate specialized assistive devices?

Whenever possible, the pupil should use the same materials as nonhandicapped classmates use. The lessons may need to be presented in a different modality if the pupil cannot learn easily in the usual manner. For example, audiotapes may replace printed materials as a source of information. Pupils without intelligible speech will need symbols related to their lessons and other displays of vocabulary with which to indicate what they want to communicate in the lessons. Special homework paper may need to be prepared for the pupil whose writing exceeds the dimensions of standard-sized paper. To be able to write, a pupil may need to have the paper secured to the desk. Instead of using the usual workbook pages, another pupil may be able to do widely spaced problems or to select from widely spaced answers. Actual experience in the community using money to buy food, a theater ticket, or a bus fare is better than endless practice with printed materials. The pupil needs to be taught when to seek assistance, how to develop maximum self-reliance, how to work independently, and how to solve problems rather than passively awaiting help.

Specialized technological equipment and adaptive materials should be used only when regular classroom materials require an excessive amount of practice or study time or limit the pupil's exposure to information. If a pupil becomes physically fatigued or weak or lacks coordination, available materials and equipment may be adapted; or specialized equipment may be designed to make the most effective use of the pupil's voluntary physical movements.

A pupil should be trained early in life to use technological equipment, especially if he or she has limited hand use, is nonspeaking, or is unable to use his or her limited speech to communicate. While developing functional skills, the pupil should be given practice in using whatever voluntary physical movement he or she possesses to best operate the assistive equipment.

For the young child, toys, games, and a computer may be modified with a switch or touch screen so that he or she can start and operate the device independently. Such a device requires minimum supervision and provides an infant or preschool child with an interesting and challenging toy for independent play. Interacting with modified toys challenges the child to learn to follow simple directions. The child will begin to understand cause and effect relationships, increase his or her attention span, and develop visual tracking by following the toy with his or her eyes. Being able to play, even by remote control, leads the child to interact with and have

Pupils should be encouraged to take responsibility for their own participation in physical activities.

control over the environment rather than remain an inactive onlooker unwilling or unable to reach out and explore the surroundings.

Pupils with severe physical limitations may be unable to turn a page of a book, hold a pencil, see the chalkboard, or hold the simplest of rhythm instruments. Simple adaptations and constructions allow pupils to use learning tools otherwise unaccessible to them. Assistive devices can be designed that the pupil can operate with any voluntary repetitive movement or movements; for example, eye blink or nose twitch. With regular or modified access to computer-assisted technology, the pupil will be able to read and go on to the next page, draw or write without holding a pencil, work on academic subjects, and learn to communicate thoughts and desires. Many age-appropriate software programs present computer-assisted instruction in basic academic skills. Multiple formats of software programs have made learning of concepts interesting, interactive, and rewarding. New software programs are rapidly being developed to address specific skills, productivity, and cognitive retraining and to assist in the pupil's transition to the workplace.

Physical Education

Does the staff ensure that physical education is provided to support physical and motor fitness as well as skill development?

By combining the pupil's medical and educational information with the physical education staff's expertise, the IEP team can plan for the pupil's participation in the school's regular or adapted physical education program. The program designed for the pupil should include development of fitness, large and small muscle coordination, sports skills, leisure skills, and the ability to win or lose gracefully. The recommendation of the pupil's physician or medical therapist must be considered if a concern exists that the activities or their modifications might affect the pupil's medical or physical condition.

At all levels age-appropriate games can be modified so that the pupil can interact with classmates. The rules of the game may be varied, or the necessary skill level may be modified to accommodate the pupil's physical limitations. For example, a ball may bounce once or twice before the pupil hits it; or the pupil may catch a volleyball before hitting it across the net. Nets and hoops may be lowered. The grip on a bat, racket, or paddle may be modified to accommodate the pupil's ability to grasp a handle. Changing the color of balls may make them more visible. Sometimes all that is necessary to encourage participation is for the pupil to be selectively placed in an activity that matches his or her physical capabilities. The pupil may be allowed to take more time-outs or to have more substitutions. The time for playing the game may be shortened or broken into several short periods.

The previously mentioned adaptations may be made by school staff in cooperation with the pupil's therapist. An increasing number of sports activities are available to pupils with severe orthopedic impairments, including junior wheelchair Olympics and sports camps. The pupil may be able to participate in community activities such as aquatics, archery, track and field, golf, bowling, ping-pong, wheelchair basketball, and other events sponsored by the local recreation department. Access to the necessary equipment may be crucial in providing physical activities. Equipment may be donated and checked out to students. The IEP team needs to be aware of appropriate community activities and the pupil's interests. The team can then develop the program to raise the pupil's fitness levels and teach the skills that enhance the pupil's participation in activities.

The physically restricted pupil needs to have his or her position changed. A pupil must not be allowed to remain in a wheelchair or in one place all day rather than move about the environment. The teacher should consult with the therapist or doctor to plan ways to vary the pupil's position or even identify simple exercises such as wheelchair push-ups that the pupil can safely perform. The pupil should be encouraged to develop motor skills within the limits of the orthopedic impairment. Since physical participation is limited, the pupil should be acquainted with a variety of sports, including a knowledge of the basic rules of games. This knowledge may lead to satisfying experiences as a scorekeeper, game official, spectator, or participant and provide the opportunity to share these experiences with others. Pupils should be encouraged to take responsibility for their own participation in physical activities.

Leisure-time Activities

Does the staff prepare pupils for independent or group leisure-time activities?

A pupil with severe physical limitations does not have as many options for participating in recreational or leisure-time activities as nonhandicapped peers do, even though the pupil may have more leisure hours. Free hours can be boring and depressing; or they can be a source of pleasure, creativity, and fellowship. Age-appropriate leisure-time skills and activities should be taught in school. The pupil should learn how to play a game, handle competition, win or lose gracefully, share, and solve problems in new situations. Leisure-activity skills may include training in the use of community recreational activities, such as those offered through local parks and recreational agencies. The skills may include training in using the community transit systems to transport the pupil to leisure activities.

The pupil should be allowed to choose activities that interest him or her. A combination of solitary and shared activities should be chosen. Some ideas are developing an appreciation of music; playing electronic games or puzzles; caring for pets; playing cards or table games that do not require great physical skill or the ability to move quickly; engaging in hobbies such as baseball card or stamp collecting; bird watching; needleworking, crocheting, or knitting; appreciation of art or music; reading for pleasure, including listening to recorded books; writing to pen pals; or participating in sports activities such as golf, bowling, swimming, or spectator sports. Pupils should also be encouraged to participate in 4-H clubs, Girl Scouts or Boy Scouts, Camp Fire, church activities, and boys' and girls' clubs.

Personal computers and specialized technologies have opened new horizons for creativity and independence. The use of various computers and software can increase a pupil's capacity for self-expression, investigation, experimentation, and recreation. Because of rapid advancement in computer technologies, increasing a pupil's cognitive development and physical mobility should be considered. By using commercial software, adapted computers, and modems, pupils can travel electronically, building self-esteem while exploring and participating in the world of electronic communications. The pupil's participation should not be limited to computer games.

Social and Emotional Development

Does the staff help pupils with severe orthopedic impairments develop relationships with nondisabled and with disabled peers and adults?

Because pupils with severe orthopedic impairments may not have as many opportunities as nondisabled peers have for incidental learning of social skills, class activities should address improving pupils' social behavior. The effect of social behavior is visible throughout the pupil's school day. Therefore, the teaching of social skills should be integrated in all instructional areas, as well as taught directly. Teaching social skills in an accepting environment is better than having a pupil experience a negative situation caused by a lack of appropriate social experience. The same kinds of social skills need to be taught to pupils who use augmented communication as are taught to those persons whose speech can be understood.

The elementary pupil should learn social skills which will help in getting along with classmates, teachers, and other adults in the school environment. Learning to help, share, take turns, listen, and speak to others politely are important skills. It is equally important for the pupil to pay attention to his or her appearance. Posture, good grooming, table manners, and cleanliness should not be overlooked. These concepts can be integrated in health and science units as well as taught directly.

Acceptable social behaviors for a young pupil with a severe orthopedic impairment may not be appropriate as he or she grows older. This situation, to some degree, causes emotional stress for all pupils and may present particular problems for disabled pupils. Therefore, in middle school or junior high school, pupils may need to learn to handle different feelings and relearn appropriate behaviors with peers and adults. New skills should be learned for interacting with the community. Pupils should develop skills such as making conversation with peers, behaving properly during school functions, apologizing for or excusing themselves, responding to teasing, and gracefully accepting or rejecting assistance.

Throughout a pupil's school attendance, activities should be planned to facilitate mobility to the fullest degree possible.

The community will expect certain types of age-appropriate behavior and response to authority and the ability to win or lose gracefully, qualities which may need to be learned.

During high school the pupil will have to understand and handle new feelings and social situations. The pupil with a severe orthopedic impairment may become concerned about the differences between his or her activities and those of nondisabled peers. The pupil will not be as free as his or her peers are to engage in physical activities important to most youth. Meeting friends to go driving, skiing, surfing, or skateboarding or even to a movie may not be viable options; therefore, the pupil may have to cope with feelings of isolation or dependency on others. The pupil may become angry toward the disability. Social skills related to dating, school, and transition into the community and workplace will need to be learned or refined. Questions should be addressed in a positive problem-solving manner: Will I be able to drive? Will I get married? Will I be able to have children? Will my children be disabled? Will I be able to work? Will I ever be able to live alone? Will someone love me?

Some pupils will encounter the fear of death or the fear of what will happen when their parents die. If the pupil is to contribute to society, these concerns cannot be ignored. He or she should have access to teachers, counselors, and support staff.

Mobility for Pupils

How does the staff encourage pupils with severe orthopedic impairments to become mobile?

The importance of a pupil's mobility cannot be overemphasized. Throughout a pupil's school attendance, activities should be planned to facilitate mobility. Since mobility relates to the pupil's being able to make choices within the environment, whether it be the home, school, neighborhood, or community, the pupil should play a greater role in choosing recreation, social activities, shopping, medical appointments, and work.

Pupils may use a variety of mobility aids such as braces, wheelchairs, walkers, and canes. The kind of mobility aid is prescribed by the physician on the basis of personal observation and on the recommendations of the parents and the pupil when appropriate. The physical therapist, occupational therapist, and various educational staff may also make recommendations. For mobility training to be effective, the educational and therapy staff should cooperatively plan ways to promote independent mobility in the most functional manner and examine ways to expand the pupil's participation in community-based activities.

Throughout the school day, practice in mobility skills can be integrated with activities in other subject areas. Examples of skills which support acquiring independent mobility are understanding and following simple directions; observing safety rules and obeying traffic signs and signals; asking for assistance when needed; planning how to move from one point to another in the home, the neighborhood, and the community; and finding safe alternative routes.

Actual practice in the community should include traveling on various types of exterior surfaces, such as gravel, sand, brick, cobblestone, and macadam, and knowing which ones to avoid. A pupil should have experience with elevators, curbs, steps, escalators, and lurching buses. He or she should be trained to have access to and use available public transportation such as buses, airplanes, fast rail systems, medi-van, dial-a-ride services, and taxis. If the pupil is totally independent in mobility, he or she should be able to give clear directions to another person. Some of the training activities for independent mobility may be more fully addressed in a pupil's transition plan.

Even if the educational placement of a pupil is primarily in a regular class, his or her mobility skills should be maintained and continually updated as the pupil's environment expands to include leisure-time activities, living independently, driver's education, and employment.

Independent Living Skills

Does the staff promote independence to the fullest extent attainable?

From the time the pupil enters school until the transition to adult living is underway, developing skills necessary for independent living should be included in class activities. The severity of the orthopedic involvement may provide challenges to a pupil's independence, but pupils should be urged to do the utmost for themselves. When the pupil cannot do a task, he or she must learn the basic steps of the skill conceptually to be able to give instructions to a home helper or aide and to know when a job has been completed.

Simple skills learned in elementary school are the basis for those developed later. These skills, which every pupil is expected to learn, include dressing and eating independently, taking care of one's room, cooking, and learning to count money and make change.

Expectations increase as the pupil matures. Age-appropriate activities for middle, junior, and senior high schools may include planning meals and shopping for food, learning functional and efficient ways to keep house, and planning leisure-time activities within the community. Various pieces of adaptive equipment may be used to help the pupil cook, make the bed, eat, and perform other self-care activities.

Personal appearance becomes important to the teenager. The pupil needs to develop an awareness of the appropriate type of clothing for the weather and the colors and styles that look the best, especially if he or she must use braces or crutches or sit in a wheelchair. The pupil must learn to shop for clothing.

The pupil must know how to request assistance. When appropriate, the pupil should be taught how to interview the home aide and should learn how to dismiss that person if he or she is not doing the job well. The pupil must learn how to evaluate the work of others to determine whether it is satisfactory. Instructions should be given on gaining access to services from public and private agencies and on being able to request help in emergencies.

As the pupil prepares for the transition to adult living and the working world, training in self-advocacy should begin. The pupil needs to develop skills in finding and obtaining help. The rights and procedural safeguards for disabled persons should be studied, and the pupil should be taught to identify when those rights have been violated, what steps should be taken, and whom to contact.

Career and Vocational Education

Does the staff provide a continuum of career and vocational experiences?

Career and vocational education are an integral part of the curriculum for all pupils with severe orthopedic impairments. Preparation begins in elementary school with career awareness and the development of appropriate attitudes, work habits, and cooperative social behavior. In the middle grades pupils are introduced to the world of work, including exposure to specific occupations employing persons with similar disabilities. With opportunities for trial and error, the pupil has the chance to develop realistic self-appraisal of skills, abilities, and strengths. The process of awareness and self-appraisal and the development and acquisition of appropriate work-related attitudes should be a part of the curriculum. Developing these processes may take longer for pupils with severe orthopedic impairments than for their nondisabled peers.

Exploring specific vocational skills is emphasized at the secondary level, but this process can begin as soon as pupils are ready. Opportunities to explore careers should be provided as often as possible. The exploration should identify careers that are realistic, available in the community, and compatible with the pupils' personal interests and abilities. Career exploration should also consider the family's expectations and resources in finances, time, energy, language, and cultural beliefs. The curriculum should include instruction in skills necessary for employability; for example, socializing appropriately on the job, developing communication skills, managing finances, coping with unemployment, and finding and staying on a job. In addition, pupils should be able to arrange independently their own transportation to and from their work sites. At the work site pupils should recognize potential barriers and assist employers in establishing accessible work environments, such as bathrooms, lunchrooms or cafeterias, and work stations.

A variety of career-related or work-related opportunities are available to the pupils, such as regular vocational work experience courses, regional occupational programs, exploratory work experience education, WorkAbility programs, supported employment, or on-the-job training at a variety of sites. Pupils should be assisted in identifying colleges or universities that can accommodate disabilities and provide educational experiences that will lead to an independent and satisfying adulthood.

When pupils become sixteen years of age, they should be referred to the rehabilitation counselor in the local office of the California State Department of Rehabilitation for assistance in site modification, vocational training, counseling, and job placement services.

Transition from School to Adult Life

Does the staff ensure the continued progress from a child's dependent status to that of an independent adult?

Early in the child's life, the educational staff and parents should start planning for the transition from school to adult life. The preschool child begins to learn age-appropriate activities that form the foundations for all others. Such age-appropriate activities include learning to play cooperatively, learning to eat in a socially accepted manner, taking care of one's toileting and hygiene, dressing oneself as much as the impairment will allow, learning cause and effect relationships, and taking responsibility for one's actions. The use of unaided communication, such as facial expressions and gestures and, when necessary, aided communication to augment speech, begins with the infant and preschool child.

Skills learned during preschool are developed further as the pupil enters elementary school and middle school. The elementary pupil expands this foundation to develop other age-appropriate self-help skills, basic survival skills, social skills, expressive language skills, and work skills. In the middle grades the pupil continues to develop age-appropriate daily living activities requiring increased levels of skill such as assuming responsibility for classroom jobs, caring for pets, grooming, caring for one's bedroom, being responsible for one's medication, shopping, buying clothes, and learning to use money in a community setting. The activities may be coordinated with skills specific to a disability such as operating communicative aids and motorized wheelchairs, increasing mobility, and developing social and emotional and daily living skills. In addition, pupils will start their exploration of careers. Identifying adult role models for the pupils provides an excellent resource when career choices are being explored.

When the pupil reaches secondary-level classes, more emphasis should be placed on personal management, recreation and social activities, community service, and career-vocational preparation. Pupils and their parents should receive basic information concerning possible options after graduation or leaving school, as well as linkage with appropriate agencies. The IEP team should work with the parents and pupil to develop an individual transition plan based on his or her assessed needs. The team must consider many options that allow for the pupil's abilities, interests, and physical restrictions. These options may include working on the school campus, being placed in a community employment setting, participating in exploratory or a variety of vocational work experience, receiving vocational rehabilitation services, finding supported employment with job coaches, receiving continuous or periodic training services in job skills at the work site, and discovering many other creative opportunities. This is the time to refer the pupil to the California State Department of Rehabilitation to determine his or her eligibility for services.

A transition plan must be developed for all pupils and should include exploring work experiences, community activities, volunteer work opportunities, and postsecondary education.

If the pupil plans to attend college, an orientation at the campus should be planned with a counselor for disabled pupils several months or even a year prior to graduation from high school. Issues of housing, transportation, curriculum, and available resources need to be addressed. Pupils will need assistance in developing a major, finding personal aides, obtaining financial aid, and identifying locations that are architecturally free of barriers.

CHAPTER FOUR

Options for Placement

Under federal and state laws, special education pupils are guaranteed certain rights and legal assurances, such as the right to:

1. Be educated in the school that he or she would attend if not disabled.[1]
2. Remain in the regular educational environment unless the nature or severity of the disability is such that education in a regular class with the use of supplementary aids and services cannot be achieved satisfactorily.[2]
3. Have available a full continuum of alternative educational settings in which pupils' needs can be addressed, including the regular classroom (with supplementary assistance and services such as the resource room and itinerant instruction), special classes, special schools, home instruction, and instruction in hospitals and institutions.[3]
4. Be taught by a trained teacher with a credential specific to the disabling condition.[4]

Therefore, placement in an educational setting should be predicated on a pupil's age, abilities, and individual educational needs and should not be dictated or limited solely by the need to use a crutch, a wheelchair, or other prosthetic or communication device.

Least Restrictive Environment

Does the local educational agency or office of the county superintendent of schools ensure that pupils with severe orthopedic impairments are placed according to their educational needs and in the least restrictive environment?

The proper focus for placement of any pupil is the least restrictive environment. This placement involves selecting the combination of placements and services that will successfully minimize the effects of the physical disability, maximize educational achievement, and provide a foundation for a successful transition to a productive adult life. Therefore, decisions about placement should be guided by an awareness and understand-

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[1] *34 Code of Federal Regulations* 300.552(c); *California Code of Regulations, Title 5, Education*, Section 3042(b).

[2] *34 Code of Federal Regulations* 300.550(b)(2); *Education Code* Section 56364.

[3] *34 Code of Federal Regulations* 300.551; *Education Code* sections 56361, 56850, 56362.7(b)(4).

[4] *Education Code* Section 44265.5(c).

Related services must be available when assessment data indicate such a need, and this need must be indicated on an IEP.

ing of each pupil's wide range of needs specific to his or her disability and the severity and prognosis of the impairment as well as any accompanying sensory or learning attributes.

California law provides for pupils with severe orthopedic impairments to be enrolled in integrated special classes that provide all of the rights and assurances discussed in the introduction to this chapter and for a broad continuum of educational settings. (See *Education Code* Section 56364.1.)

Responsibilities of the Regional Program Administrators

Does the local educational agency or office of the county superintendent of schools ensure that a full range of program options are provided regionally?

The special education administrators within the special education local plan area (SELPA) should coordinate their efforts to ensure that the range of program options is available equally to a pupil with a severe orthopedic impairment as to any other child with a disability.

Because pupils with severe orthopedic impairments are identified as a low-incidence population, they may reside in districts or counties throughout one SELPA and receive services in another. The special education local plan should identify which educational agency within the SELPA has decision-making authority for the program serving these pupils. This authority extends to hiring, supervising, and evaluating the staff and program.

Staff who develop the local plan should be aware of issues that relate specifically to this population. Those planning the regional staff development should address the unique needs of the regular and special education staff serving pupils with orthopedic impairments and the needs of their parents.

Each district, SELPA, or office of the county superintendent of schools should join their efforts with those of Regional Centers, California Children Services, and local medical units serving the area in which the pupils reside. The local interagency agreement should designate the person who will become the liaison to develop the local agreements with other agencies that provide services to these pupils, such as California Children Services and the local county mental health program.

The special education local plan and the local interagency agreement should identify the process used to locate or relocate the sites of the educational programs and medical therapy units. When the location of the resource room, medical therapy unit, or medical therapy unit-satellite serving pupils with severe orthopedic impairments is being planned, special consideration should be given to:

1. Accessibility of the programs to the low-incidence population and extended transportation considerations
2. Accessibility of the facility and specific classrooms to the pupil who may be using specialized equipment
3. The services that are provided to the pupil by other agencies
4. The space and storage for specialized materials and equipment required by the pupil
5. The use of regular school programs to provide the needed services, especially at the secondary level
6. Any costs associated with locating or relocating the sites and the manner in which they will be funded

Regular Class Placement with Related Services

May pupils with severe orthopedic impairments be enrolled in a regular classroom?

Some pupils with severe orthopedic impairments will be able to integrate fully in a regular class, even though they may require related services.

Related services must be available when assessment data indicate such a need, and this need must be indicated on an IEP. A related service may be the only special education service a pupil receives. Related services are remedial speech therapy, counseling from school staff or local mental health staff, physical therapy, occupational therapy, career and vocational counseling from school staff or that of the local vocational rehabilitation services, adapted physical education, transportation, specialized physical health care services, and services from the adaptive technology specialist, specialist in communication devices, social workers, and others as directly related to the assessment data.

When the pupil needs physical assistance for activities such as eating, personal care, changing positions, or moving about the school, additional personnel, under the direction of a qualified teacher or a therapist, may be assigned to perform the tasks. The additional personnel should be included as a related service and provided in whatever educational placement is appropriate for the pupil's learning style and rate.[5] The related service and the provider must be listed on the pupil's IEP.

Roles of the Itinerant and Special Class Teacher

May an itinerant special class teacher serve pupils with severe orthopedic impairments who are placed in a regular classroom?

The integrated special class enrollment provides for full-time placement of a pupil in a regular class with special assistance from the appropriately, credentialed teacher as well as for any related services needed by the pupil.[6] In this educational placement the itinerant special class teacher must be prepared to expand his or her knowledge of the specific disability and training for pupils with severe orthopedic impairments to support the regular teacher, the pupils, and their parents in the roles described in the following sections:

Collaborator and Consultant

The *collaborative consultation* that the itinerant special class teacher provides to the regular education staff is one of the most important means for enabling pupils with severe orthopedic impairments to be placed in the least restrictive environment. The itinerant teacher provides specific information on the disability to and collaboratively consults with the regular education teacher and any other teacher(s) with whom the pupil is placed. Prior to the pupil's first day of attendance, specific topics need to be discussed, such as the nature of the handicapping condition, emergency measures, specific information on the disability that relates to the pupil's learning patterns, equipment the pupil uses, duties of an aide working with the pupil, and preparation of lessons.

This consultation is important whether or not a teacher has previously had a pupil with severe orthopedic impairments. Not all pupils with severe orthopedic impairments or even all pupils with cerebral palsy are alike or have similar learning patterns. For example, the itinerant special class teacher may need to explain the difference between pupils who have spastic cerebral palsy and pupils who have athetoid cerebral palsy or the educational concerns of a pupil with spina bifida and those of a pupil with muscular dystrophy. Communication, positioning, feeding and toileting, and other issues need to be understood by all concerned.

The amount of other relevant information to be discussed depends partly on whether the regular education or other special education teacher:

1. Has had any previous experience with pupils with severe orthopedic impairments
2. Attended the IEP meeting
3. Has reviewed the assessment data
4. Understands the implications for educational strategies of the pupil's orthopedic condition and assessment data
5. Has interacted with the parent or staff regarding the pupil's other specific needs for the disability

The itinerant special class teacher should regularly provide collaborative consultation services to regular education and special education staff, as noted on the pupil's IEP. Intermittent consultation may be needed from other disciplines and may be obtained by the itinerant special class teacher from a neighboring local educational agency or special education local plan area's (SELPA's) multidisciplinary team. Other sources of consultation may include California Children Services, assessment centers for pupils who are nonspeaking, institutions of higher learning specializing in training teachers for pupils with severe orthopedic impairments, the state departments of Health Services, Mental Health, and Developmental Services and the California Department of Education.

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[5] Section 56363(b)(16) of the California *Education Code* states, "Specialized services for low-incidence disabilities, such as readers, transcribers, and vision and hearing services." Aides for pupils with the low-incidence disability of severe orthopedic impariments are included in this section.

[6] *Education Code* Section 56364.1 states, "Notwithstanding the provisions of Section 56364, pupils with low-incidence disabilities may receive all or a portion of their instruction in the regular classroom and may also be enrolled in special classes taught by appropriately credentialed teachers who serve these pupils at one or more school sites."

Instructor

The regular class teacher is responsible for planning and implementing the pupil's overall academic program. The itinerant special class teacher may provide *direct instruction to the pupil* to address the pupil's unique needs while the regular teacher continues the lessons with the rest of the class. An aide trained by the itinerant teacher may work with pupils who need extended time to complete tasks. Direct instruction may be on strategies that the pupil can use to participate more fully in the kinds of academic activities that are taking place. The direct instruction should occur in the classroom and should focus on what the class is doing at the time of the instruction. If the pupil is having trouble understanding the science lesson or needs more practice using augmented speech in a social setting, the itinerant special class teacher may stay in the class to assist the pupil in using special equipment in order to participate in class discussions.

If the pupil encounters special problems in learning related to his or her physical impairment, the itinerant special class teacher may be responsible for providing direct specialized instruction to the pupil. Instruction may be directed toward teaching the pupil to use the necessary technological equipment. Another option is to assign the pupil, for a period of time, to a resource specialist program or a special class in which a credentialed teacher for pupils with severe orthopedic impairments stresses working on specific instruction for the disability that will enable the pupil to function in the regular education classroom.

Demonstrator

The itinerant special class teacher will be a *model or demonstration teacher* showing other teachers how to integrate the pupil's use of equipment or method of communication in the daily classroom activities. The itinerant teacher may model for any class, showing how the pupil with a severe orthopedic impairment can be included in the activities. The itinerant teacher may work with the nondisabled pupils while the regular teacher works with the pupil with a severe orthopedic impairment. The special class teacher may work with nondisabled pupils only if the school has a School-Based Coordination Program and if the school-based plan includes special class teachers. In addition, there must be an approved waiver from the Superintendent of Public Instruction.

Innovator

The itinerant special class teacher needs to become a *developer or innovator*. Special assistance may be needed to devise academic adaptations and develop new ways to use the pupil's specialized equipment. In addition, the itinerant teacher may be part of the team searching for the most efficient method or position for the pupil to use when he or she operates the equipment; for example, a puff/sip switch or a joystick.

Technician

The itinerant special class teacher needs *technical* knowledge about equipment to be able to teach the pupil, aide, and other regular and special education teachers how the equipment operates. The itinerant teacher must know how to deal with problems concerning the equipment and make simple repairs, providing that such repairs will not invalidate a warranty on the equipment. Not all pupils with severe orthopedic impairments and learning problems will need to use technological equipment.

Counselor

The itinerant special class teacher will need *counseling skills* to help the pupil make a transition to new situations or new teachers. In the new educational placements, teachers' expectations of the pupil may be different, higher, or more exacting. The fact that an *A* might not be on the report card may concern the pupil and parents. This situation may mean that the pupil needs more individual instruction from the itinerant teacher or more support service, or the grade given may be part of the normal curve for grading students in a particular classroom. Part of the itinerant teacher's job may be assisting the pupil and his or her parents to understand these changes and results. In addition, the itinerant teacher may need to provide counseling to the regular education staff members in dealing with their emotions, educational standards, and reasonable expectations regarding pupils with severe orthopedic impairments.

Staff Developer

The itinerant special class teacher will provide *in-service training* to other staff and families. Such pro-

The regular education teacher and the itinerant special class teacher should set up a systematic method of communication for monitoring and documenting pupils' progress.

grams may involve training the teacher or the aide to work with the pupil on the use of technological equipment. Prior to the enrollment of the pupil, the regular education staff and student body may need information concerning the pupil's orthopedic impairment. This is the time for asking questions and allaying any fears that staff or other pupils might have.

Time Manager

The itinerant special class teacher must be skilled in *time management* and arranging pupils' programs. Care must be taken that the pupil's needs for support service do not require time away from critical instructional periods. For example, the practice of mobility skills should not be scheduled during reading instruction. The pupil's schedule should be arranged so that the pupil does not miss the same period every day or every week. Skill is necessary to coordinate the therapies which are the responsibility of other agencies to provide, such as California Children Services and the local mental health agency.

Curriculum Adviser

The itinerant special class teacher must guide other teachers or aides in determining which material is critical for the pupil to complete when he or she physically cannot keep pace with the class. Assignments may need to be shortened or condensed. If an aide is assigned to the class, the itinerant teacher must indicate the type of materials to be prepared before each lesson so that the pupil can participate with the class. In addition, special transportation or extra assistance may need to be arranged to enable the pupil to participate in class field trips.

Case Manager

The itinerant special class teacher may be asked to assume a role similar to that of a service broker or *case manager*. The itinerant teacher will review the pupil's IEP and ensure that the pupil is actually receiving the services listed.

The itinerant teacher will assist with "carry-over activities," such as changing the pupil's position during the school day or using the same behaviorial management techniques developed by the mental health staff for assisting the pupil in developing socially acceptable behavior. When the pupil is placed in a regular education class, an increased need may occur for physical management to support the pupil in nonacademic settings; that is, lifting, toileting, feeding, and moving the pupil from class to class, especially if the pupil is enrolled in regular education classes in a junior high school or high school.

The itinerant special class teacher should be aware of available educational and community services and develop the network system to facilitate the delivery of necessary services.

Transition Coordinator

The itinerant special class teacher should have *planning skills*. Transition plans must be developed in collaboration with the regular educational program as the pupil changes the type of classroom placement, moving from infant and preschool to elementary school and on to junior high school and high school. Individual transition plans must also be developed for the pupil's transition from school to home, community college, postsecondary education, and employment. The pupil will become increasingly involved in community-based education to prepare for these events. The itinerant teacher will be needed to assess community work areas, assist the pupil in assuming responsibility for his or her actions, and assist in supervising the pupil in the community. The pupil should be referred to the California State Department of Rehabilitation before graduation so that transition services for the pupil include job coaching and supported employment with the option of ongoing postemployment support services.

Additional support services. When needed, the regular class teacher may receive assistance from other special education staff. Examples of the support services include consultation; individual instruction from special education teachers with various specializations; for example, in mobility or activities of daily living; hearing or visual impairment or augmented communication devices.

Evaluating pupils' progress. The regular education teacher and the itinerant special class teacher should set up a systematic method of communication for monitoring and documenting pupils' progress. This method may include scheduled visitation and observation by the itinerant teacher, checklist reports by the classroom teacher, or regular telephone contact. These activities should be in addition to any direct service the special education teacher gives to the pupil. If the pupil encounters special problems in learning related to his or her physical impairment, the special education teacher is responsible for consulting with the regular teacher and, if necessary, providing direct specialized instruction to the pupil.

The pupil with a severe orthopedic impairment receives a report card just as his or her classmates do. The regular teacher gives the grades for those subjects for which she or he is responsible. The itinerant special class teacher should put an asterisk beside areas in special education and refer the parent to the pupil's IEP.

Itinerant special class ratio. The state law makes no recommendations concerning the ratio of the number of pupils to an itinerant special class teacher. This situation provides for a range of class sizes, depending on the educational needs of the pupils grouped in each respective itinerant class. Consequently, class sizes may vary for each itinerant teacher, and they depend on such variables as the:

1. Balance of consultation time provided to teachers compared with the number of direct instruction pupils in the caseload
2. Geographical location of the pupils served
3. Academic needs of the pupils
4. Orthopedic needs of the pupils
5. Time needed to prepare specialized materials or adapt equipment
6. Amount of consultation and assistance needed by the teachers in whose classrooms the pupils are placed
7. Amount of time the pupil takes to make a response in class and to do his or her homework
8. Type of instructional personnel service units used
9. Time needed for travel, given weather and traffic variations
10. Availability of instructional aides assigned to assist the teacher and/or pupil

When the teacher of the severely orthopedically impaired functions as an itinerant special class teacher, the local educational agency, office of the county superintendent of schools, or SELPA should ensure that the itinerant teacher has office space with a desk and access to a telephone.

Resource Specialist Program

Is the resource specialist program used for the pupil with a severe orthopedic impairment?

With the enrollment of pupils in itinerant special classes and the range of placement options available through that enrollment, the resource specialist program option most likely will be used only in densely populated areas where many pupils with severe orthopedic impairments live. This situation is especially true since the resource specialist teacher must have three credentials: the regular education credential, the resource specialist credential, and the credential to teach pupils with severe orthopedic impairments.[7] In addition the aide for the resource specialist teacher can assist in a variety of duties related to the pupil's severe orthopedic impairment as well as assisting in the instruction of the pupil.

When the resource specialist provides services at more than one school site only to pupils with severe orthopedic impairments, the special education program administrator should consider the following factors in determining the caseload:

1. Need for frequent consultation time and specialized assistance from other staff members
2. Need to secure and transport equipment
3. Severity of the pupil's orthopedic impairment and the length of the pupil's response time
4. Grade-level or achievement range of the pupils
5. Time to work with the site principal concerning opportunities for integration, monitoring the effectiveness of the program, and improving interaction among the pupils
6. Time needed to train and supervise an aide or a volunteer assisting in providing instruction, transportation, and medically related procedures
7. Time to work with the pupil requiring specialized equipment or supervising the aide providing the service
8. Time to travel to the schools when the pupils are located over a wide geographical area

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[7] *Education Code* Section 44265.5(c) states that "Pupils who are orthopedically handicapped shall be taught by teachers whose professional preparation and credential authorization are specific to that handicapping condition."

The total school day must be carefully coordinated to ensure that the daily instructional plan is carried out and that the necessary curriculum for each grade level is covered.

Special Classes with Other Placement Combinations

Which placement options are available in special classes for pupils with severe orthopedic impairments, and are such placements appropriate?

A pupil may be placed in a special class located on an age-appropriate, integrated school site when the combined needs for educational, support, and related services are such that a regular class placement is considered inappropriate to meet his or her educational needs. For whatever time is appropriate, a pupil with a low-incidence disability may attend any combination of regular education class, resource specialist program, special education class for pupils with severe orthopedic impairments, and a special education class for pupils with other impairments.

When the pupil is enrolled in a regular class or a special class other than a class for pupils with severe orthopedic impairments, the teacher for these pupils collaborates with the other assigned teachers and works with the individual pupil on goals and objectives in communication, core curriculum, and other documented needs. The special class teacher for pupils with severe orthopedic impairments is responsible for helping the pupils to develop the necessary skills to experience success in the general education classroom or in school activities and for providing any needed specialized materials and equipment and, if necessary, an aide. In elementary or high school classes, the regular teacher is responsible for the content of the core curriculum while the teacher for pupils with severe orthopedic impairments is responsible for any necessary adaptations to the pupil's unique orthopedic needs.

In some cases the pupil with a severe orthopedic impairment may remain in the special class for most of the school day and may participate in the regular class for only a limited time in order to take part in specific class activities. Placement of the special class for pupils with severe orthopedic impairments on an integrated school site expedites opportunities for maximum association with nondisabled peers. The district administrator is responsible for ensuring that pupils with orthopedic impairments have equal access to all regular educational activities, programs, and facilities on the campus so that participation appropriate to a pupil's interests and needs may occur. This approach necessarily includes implementation of access strategies and technologies that ensure participation in computer laboratories, networks, and programs.

The special class provides a pupil with an orthopedic impairment with peers who may have similar concerns regarding psychological aspects of the physical impairment. The implications may change from elementary school to high school as the pupil achieves greater proficiency in life skills, travels in the community, and experiences career development.

One segment of the population with severe orthopedic impairments often placed in the special class is the young child who requires intensive multiple services and is in the early stages of learning to use communication devices and developing self-help skills. Part-time placement of the child in the special class facilitates coordination with other service providers and affords intensive skill training. Integration into regular preschool provides an opportunity for interaction with nondisabled peers, who function as age-appropriate role models.

The older pupil with multiple handicaps may be placed in the special class for most of the school day and still participate in some academic or school activities. In the special class, pupils may be studying at different grade levels, with the class composition changing hourly. The total school day must be carefully coordinated to ensure that the daily instructional plan is carried out and that the necessary curriculum for each grade level is covered. Instructional aides may be needed to assist in preparing materials, providing individual instruction, and meeting the need for personal care.

Pupils with severe orthopedic impairments sometimes require all of the aide's time to provide for their physical care, positioning, and other recommendations from therapy or to set up specialized learning equipment. With recommendations from the occupational therapist or physical therapist, the special class teacher is responsible for training the aide to provide for the physical needs of the pupil while encouraging the pupil to be as independent as his or her disability, age, and maturation will allow.

Since the needs of pupils vary within any one class, a definitive teacher-to-pupil ratio for special classes cannot be given. The special education program administrator should consider the following factors when determining the instructional adult-to-pupil ratio:

1. The range of abilities of the pupils within the class (There may be a wider diversity of functional abilities than is indicated by the pupils' chronological ages.)
2. The range of grade levels within the class (The teacher should be able to attend to all reading groups and grade-level coursework each day.)
3. The amount of daily living assistance or community-based instruction each pupil requires (The pupil may need assistance in setting up specialized equipment and materials and in working in the correct sitting or standing posture. The pupil may also require specialized physical health care.)
4. The communicative response times of each pupil (A pupil should be using communication devices that enable him or her to respond more rapidly than would be possible if they were not in use. A lag may exist between the time the question is asked and the pupil responds. The total number and variety of alternative communicative modes represented in the class should be considered when staff are being assigned.)
5. The goals and objectives in each pupil's IEP (Each goal and objective of every pupil in the class must be addressed weekly, if not daily, as well as the core curriculum for each pupil's grade level.)
6. The number of therapy-related activities necessary for each pupil (The teacher must coordinate these activities with the occupational, physical, or speech therapist and the classroom aides.)
7. The special scheduling needs for the daily instructional program (Many pupils with severe orthopedic impairments require various related services, planning for which requires careful scheduling so that the pupil may participate in the core curriculum.)
8. The number of pupils with disruptive behavior (Pupils with disruptive behavior may require additional supervision and planning for techniques to modify behavior throughout the school day.)
9. The number of pupils who spend part of their day in general education classes (While the pupils may be placed in a general education class, some will still require assistance from the special education teacher.)
10. The amount of support needed by the regular education teacher or other special education teacher (At first, the teacher who has not previously had a pupil with a severe orthopedic impairment in his or her classroom may need extra classroom support.)
11. The amount of time needed for the pupil to participate in campus activities (When developing the instructional adult-to-pupil ratio, the administrator must consider the impact of the pupil's moving from one classroom to another or to other campus activities.)

If the special class teacher is used as an itinerant special class teacher for additional pupils who are enrolled in the regular class, care must be taken to include this obligation in consideration of the teacher's assignment.

A special class teacher for pupils with severe orthopedic impairments should not be assigned full-time to a special class and also provide instruction for another body of pupils who actually are enrolled in other classes at the school site. An itinerant special class teacher may be assigned to various sites to serve pupils with orthopedic impairments.

Combined Educational and Vocational Placement

How may classroom education be coordinated with vocational preparation?

Early experiences in career planning are vital for the pupil with a severe orthopedic impairment. Physical and attitudinal obstacles to gainful employment must be overcome. The development of work-related attitudes and habits should start early in elementary school. Direct discussion and planning for employment should begin no later than when the pupil enters the seventh grade or reaches the comparable chronological age.

When appropriate, the following should be included in the pupil's IEP: work experience, enrollment in a regional occupational program or WorkAbility project, training in specific skills, or any preparation necessary for assuming a role in remunerative participation or nonremunerative participation; for example, postsecondary education, activity center, or volunteer activities. Each junior high school and senior high

A new IEP team meeting is *not* necessary if the need for intermittent home or hospital teaching was anticipated and written into the current IEP.

school pupil who is college bound also should be exposed to work exploration or work experience in several on-the-job placements.

The IEP team should recommend a pupil's enrollment in a vocational education program as soon as such a program is appropriate to meet the pupil's needs. Settings for the program may include one or more of the following:

1. The regular vocational program
2. The regional occupational program
3. Work experience
4. Specialized work experience education (with an individual transition plan)
5. Special education vocational education
6. Part-time paid employment
7. Community-based instruction
8. Supported or integrated employment

The IEP team must begin transitional planning when the pupil becomes fourteen or enters the ninth grade. This planning and coordination of services should culminate in job placement when the pupil graduates or leaves school. The itinerant special class teacher for a pupil with a severe orthopedic impairment should prepare the individualized transition plan for the pupil to make the transition from the current educational program to the community-based vocational program. The itinerant teacher should act as the case manager of the transition plan. The local educational agency is responsible for transporting the pupil between the educational placement and the vocational program. Immediately following graduation, the pupil must become responsible, with assistance from related agencies, for contacting and arranging for an alternative transportation system. The IEP team should be flexible in scheduling the combined educational instruction and vocational experience in the setting that best meets the needs of the pupil, including community-based instruction, while the pupil is still in school.

Home and Hospital Instruction

Is instruction in the home and hospital provided for pupils with severe orthopedic impairments?

This instruction must be delivered in accordance with provisions from the *California Code of Regulations, Title 5, Education,* Section 3051.4. Many pupils with severe orthopedic impairments have prolonged absences necessitated by recovery from surgery, respiratory problems, or recurrent infections. A pupil may need a lengthy stay in the hospital, at home, or both. Only the IEP team can place a pupil in a home instruction program. There must be a physician's supporting statement that the severity of the medical condition prevents the pupil from attending school even for a reduced day. The statement from the physician should include an approximate calendar date for the pupil's return to school.

Because providing education in the home or hospital constitutes a substantial change of placement, the pupil's IEP must be revised to indicate the change in the placement and the program. A new IEP team meeting is *not* necessary if the need for intermittent home or hospital teaching was anticipated and written into the current IEP.

The initiation, frequency, and duration of the home instruction must be indicated on the pupil's IEP.[8] In addition, regulations require the teacher to:

1. Contact the school that the pupil attends to obtain the current IEP, books and materials to be used, and list of coursework to be covered during the pupil's absence.
2. Determine, when appropriate, who is responsible for issuing grades and promoting the pupil.
3. Confer with the school guidance counselor for pupils in grades seven through twelve to determine:[9]
    a. The hours the pupil has earned toward semester course credit in each subject included in the IEP and the grade as of the last day of attendance
    b. The person responsible for issuing credits when the coursework has been completed
    c. The person who will issue the diploma if the pupil is to graduate

A written record should be kept of the previously listed determinations and filed with the pupil's IEP. The special education program administrator should consider the following when determining the caseload for a teacher who provides instruction in the pupil's home:

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[8] *California Code of Regulations, Title 5, Education,* Section 3051(a)(2).

[9] *California Code of Regulations, Title 5, Education,* Section 3051.4(f)(4).

1. Need for daily contact with the pupil
2. Geographical spread of the teacher's assignment
3. Number of grades or the diversity of learning levels to be served at any one time
4. Possibility of grouping
5. Time needed to prepare for each pupil's lesson
6. Time needed for travel, given weather and traffic variations
7. Schedules for medical treatment if the pupil is hospitalized
8. Need for the teachers to employ isolation or sterile techniques for certain hospitalized pupils
9. Adaptations and equipment needed for the pupil to use instructional materials
10. Availability of an instructional aide to assist the teachers

In responding to the needs of pupils who are hospitalized or homebound, the special education program administrator has several staffing options to consider: a full-time hospital teacher, a full-time home teacher, a combination of hospital and home teacher, part of the itinerant special class teacher's caseload, a part-time teacher working hourly, or a teleteacher. If the local educational agency has many pupils receiving home instruction, a cost-effective approach is to provide the instruction with a teleteacher. A teleteacher works with pupils, using the telephone, and may have the capability of sending a graphic electronic message. The teacher can work with a class of 12 to 15 pupils and provide for individual or small-group instruction while another group of pupils work together on a project.

Nonpublic School Placement

Is a nonpublic school placement an option to be considered for a pupil with a severe orthopedic impairment?

Nonpublic school placement is an option for serving pupils when no appropriate public school program exists in which the IEP can be implemented. When the pupil attends a day nonpublic school, staff from the special education local plan area must ensure that the related services identified on the pupil's IEP are provided either directly or through other contracts by appropriately trained and credentialed staff and that the implementation of the pupil's IEP is monitored appropriately.

State Developmental Centers and State Hospitals

How and when are pupils with severe orthopedic impairments considered for placement in either a state hospital or state developmental center?

Instances may occur when pupils with severe orthopedic impairments need to be in a 24-hour facility rather than at home. Pupils may be placed in a state development center, *either through a regional center or in a state hospital through a court order. These placements are not educational decisions.* Most often, pupils with severe orthopedic impairments are placed in a developmental center because of serious life-threatening medical problems or degenerative medical conditions. Sometimes elderly parents can no longer provide for their children, and the facility becomes a temporary shelter while other plans are being implemented. Pupils with uncontrollable behavior that is destructive to themselves or others or both may be placed in a state hospital.

The pupil who resides in a state hospital or state developmental center has a right to the same access to any of the educational placement options within the SELPA in which the hospital is located as does any other individual with exceptional needs in that community. The law requires a county or district representative to participate in each IEP team meeting for pupils educated at the state hospital or state developmental center to ensure that these pupils have access to community programs when appropriate. Special education classes conducted by the state hospital or developmental center and staffed with their teachers must follow the state education standards, and their classes are to be comparable with those provided within the SELPA.

CHAPTER FIVE

Competencies of Staff Serving Pupils with Orthopedic Impairments

A variety of professionals and paraprofessionals may be needed to provide the educational program and necessary supportive or related services for the pupil with a severe orthopedic impairment and to implement the pupil's IEP.

A teacher who provides special education instruction to the pupil with a severe orthopedic impairment must have the appropriate credential authorizing him or her to do so (*Education Code* Section 44265.5). If the pupil attends a nonpublic school at public expense, this school must be certified by the California Department of Education and have appropriately credentialed or licensed staff. Individuals who provide related services must have the appropriate California license, be employed by a public school or other public agency, be certified as a nonpublic agency by the California Department of Education, or be employed by a certified nonpublic school.[1]

Because of the rapid advancements in technological development for the orthopedically impaired, many staff members may continually need to update their skills and knowledge regarding technology, augmentation of communication, travel and mobility, and curriculum. Staff members who are new to the profession, who have not previously worked with pupils with orthopedic impairments, or who are living in geographically isolated regions may need regularly scheduled consultation from experienced professionals.

Site Administrator

Does the site administrator need to know about the unique educational needs of pupils with severe orthopedic impairments?

When a pupil with a severe orthopedic impairment is enrolled in a program on a regular school site, the site administrator may have the following additional responsibilities:

1. Serving on the IEP team or appointing a designee to do so
2. Promoting the concept of least restrictive environment and a positive, accepting attitude toward the pupil

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[1] The *California Code of Regulations, Title 5, Education*, Section 3001(n) states, "*Nonpublic agency* means any private, nonsectarian establishment or individual providing related services necessary for an individual with exceptional needs to benefit educationally from the pupil's educational program."

Teachers must be specially trained to consider the pupil's unique needs, such as health, mobility, and cognitive needs and learning style.

3. Ensuring that, prior to the pupil's enrollment, the staff has ongoing in-service training concerning the pupil's orthopedic impairment and treatment
4. Ensuring that regular classroom teachers receive information concerning the pupil's instructional or physical needs and have sufficient staff support in meeting the pupil's needs
5. Overseeing the arrangement for the pupil's transportation to and from school and on field trips
6. Coordinating services with other agencies
7. Supervising and evaluating the staff, if these responsibilities are designated in the local plan
8. Involving special education parents in school activities, committees, and projects
9. Ensuring that the pupils have a cohesive course of study

Other Special Education Staff

What are the unique skills needed by teachers of pupils with severe orthopedic impairments?

Teachers must be specially trained to consider the pupil's unique needs, such as health, mobility, and cognitive needs and learning style related to the pupil's severe orthopedic impairment. Specific information on the unique skills needed by the special education teacher, the resource specialist, the program specialist, and the regular classroom teacher appears in the section that follows.

The Special Education Teacher

Whether assigned as an itinerant special class teacher, a resource specialist, or a special class teacher, the special education teacher must hold the credential authorizing the teaching of pupils with severe orthopedic impairments in addition to any other necessary credential. The teacher of pupils with severe orthopedic impairments is expected to have the teaching ability and competency to plan and execute the details of the quality education program and be able to:

1. Recognize the educational, emotional, and medical implications of each orthopedic impairment and the effects on the pupil's learning, development, and participation in age-appropriate life activities.
2. Select, adapt, and administer formal and informal assessments in a manner that allows a pupil to demonstrate learning.
3. Use assessment data and information about the pupil to assist in developing an IEP that meets the pupil's assessed needs.
4. Modify or adapt the local educational agency's age-appropriate, board-adopted curriculum and course of study to enable the pupil to meet the proficiency standards for graduation or appropriate differential standards noted on the IEP.
5. Support other teachers and the pupil to facilitate positive learning experiences in the assigned classes.
6. Coordinate the delivery of supportive or related services to ensure that each pupil's IEP is being implemented.
7. Provide instruction specific to the disability, such as mobility, independent living skills, and career and vocational experience, including community-based instruction, when no other specialized staff members have been assigned to do so.
8. Counsel the parents about their child's problems related to education.

The teacher of pupils with severe orthopedic impairments should become aware of the latest technological advances, specialized equipment, and special materials that aid the learning process of pupils. Often, the teacher is asked for suggestions for adapting materials or equipment to accommodate the pupil's orthopedic impairment. The teacher must be able to:

1. Recommend appropriate materials and equipment.
2. Collaborate with coworkers, therapists, or rehabilitation engineers in designing ways for the pupil to use technological equipment more effectively.
3. Model instructional techniques that facilitate the pupil's use of his or her assistive technology, enabling the pupil to participate as independently and efficiently as possible in classroom and extracurricular activities.
4. Demonstrate the proper use of the pupil's equipment and be able to make minor repairs.
5. Teach basic cognitive strategies and motor skills prerequisite to a pupils' use of technological aids.
6. Teach teachers and classmates safe and appropriate use, maintenance, and care of supportive or rehabilitative equipment, such as wheelchairs.

7. Teach safe practice for lifting pupils, helping them move, and promoting independent movements.

The teacher should understand the medical implications of the pupil's orthopedic impairment that apply to learning. Therefore, the teacher should be able to:

1. Integrate the recommendations of other professionals, including therapists and nurses, with the pupil's daily educational programs.
2. Be able to perform in *an emergency* any necessary specialized physical health care service for the pupil, even though another staff person may have been assigned to provide the service.[2]
3. Explain implications of the orthopedic impairment to the school staff and the pupil's classmates.
4. Monitor the pupil's physical or medical status and know when to notify the school nurse or parent that a potential problem exists.
5. Understand and know the limitation of the teacher's role and respect the roles of collaborating professionals.

Many of the pupils with severe orthopedic impairments have severe communication problems. Pupils may receive special support services from the language, speech, and hearing specialist. The special education teacher provides the daily practice of communication skills. The special education teacher will be expected to:

1. Work closely with the language, speech, and hearing specialist to provide maximum classroom reinforcement of communication goals and objectives.
2. Facilitate language acquisition and build the pupils' vocabulary and comprehension.
3. Provide training in receptive vocabulary building, sentence structure, understanding of tenses, and other aspects of receptive and expressive language for pupils who cannot readily produce speech.
4. Incorporate augmented communication aids and techniques in curricular and extra curricular activities.

Working with parents and pupils in activities that are closely related to home and community life is also part of the teacher's responsibilities. The teacher should be prepared to:

1. Assist parents in managing their child's adolescence, any existing terminal condition, vocational options, and lifelong planning.
2. Facilitate the acquisition of independent skills by pupils so as to enable them to assume responsibility for their self-care, transportation, leisure time, and vocational options.
3. Keep the parents and the pupil informed about services provided within the community by public or private agencies.
4. Understand and use techniques for grief counseling with parents and pupils with terminal illnesses or following traumatic accidents.

Resource Specialist

The resource specialist must be skilled in consulting with the school staff and professionals from other agencies providing services to the pupil. Often the resource specialist will investigate a pupil's problem and devise a temporary solution. The resource specialist is responsible for providing direct instruction to pupils in material that they find difficult and in other areas that are specific to their disabilities and for demonstrating these techniques to other teachers. The resource specialist must also be skilled in the use of adaptive technology and specialized equipment for the severely orthopedically impaired in the absence of the itinerant teacher of the severely orthopedically impaired.

Program Specialist

The program specialist should have extensive experience, training, and skills in providing educational programs to pupils with orthopedic impairments. The program specialist's role is to understand the educational implications of each enrolled pupil's impairment to provide support to teachers and to monitor the program's effectiveness and compliance. The program specialist works with staff from other agencies to:

1. Find services appropriate to the pupil's unique needs.
2. Coordinate the delivery of services to the pupil.
3. Locate program options as the pupil becomes older and his or her needs change.

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[2] See the definition of *emergency* on page I-19 in *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils* (Revised edition). Sacramento: California Department of Education, 1990.

4. Ensure that the pupil is placed in the least restrictive environment.

The program specialist provides technical assistance and in-service training to the staff and assists in curriculum and program planning. This person needs current knowledge of technological advances that enhance the pupil's learning capabilities and ability to adapt curriculum, activities, and equipment.

Regular Classroom Teacher

A regular education teacher who has a pupil with a severe orthopedic impairment should have consultation or in-service training or both prior to the pupil's placement in the classroom. The regular teacher may need continued assistance throughout the school year. The regular teacher is responsible to:

1. Set a positive accepting attitude for the class to model.
2. Select and rotate peer partners to provide minimal assistance to the pupil.
3. Minimize spatial barriers in the classroom to facilitate independent mobility.
4. Observe and report to the school nurse or itinerant teacher, as appropriate, the pupil's reactions to medications, therapy, or modifications in equipment.
5. Plan class participation and assignments to accommodate a pupil's fatigue or slow response.
6. Allow the pupils to use different modes for receiving information and responding.
7. Require the same behavioral standards for all pupils in the class, including the pupil with a severe orthopedic impairment.
8. Provide instruction in the core curriculum.

Related Services Staff

What special skills are needed by the related services staff members to enable them to assess and provide instruction that meets the unique needs of a pupil with a severe orthopedic impairment?

Because a pupil with a severe orthopedic impairment may have other disabilities, such as blindness or deafness, the IEP team may determine that a combination of special education teachers may be appropriate for meeting the pupil's assessed academic needs.

Adapted Physical Education Specialist

The credentialed teacher of adapted physical education incorporates in the physical education program the physical activities and adaptive equipment recommended by the pupil's primary health care provider or the appropriate therapist working with the pupil. The adapted physical education teacher may conduct an adapted physical education class, provide direct service to pupils during their regular physical education period, or serve as a consultant to teachers of pupils with orthopedic impairments. The adapted physical education specialist demonstrates special methods of performing the usual physical activities, modifying rules, adapting equipment, or using specialized equipment for pupils with orthopedic impairments to users, classmates, and classroom teachers. Assistance may be provided for pupils who plan to participate in special events.

Career/Vocational Specialist

A variety of people may fulfill the role of career/vocational specialist: the special education teacher, WorkAbility staff, regional occupational program staff, or others. The career/vocational specialist must know the vocational and physical implications of each pupil's orthopedic impairment and plan for each pupil's vocational development. The career/vocational specialist must:

1. Be aware of the unique physical and intellectual talents and deficits of each pupil.
2. Conduct ecological inventories to see what kinds of jobs are in the pupil's community.
3. Conduct analyses of the discrepancy between a pupil's skills and those needed for the jobs available in the community.
4. Assist employers with restructuring and redesigning jobs so that a pupil with a severe orthopedic impairment can do the work.
5. Address problems of providing transportation, going to the bathroom, eating, and providing specialized physical health care.
6. Work with general and special teachers to develop specific skills the pupil needs for successful employment.
7. Act as a liaison between the local school, the community work programs, and the business community.

The teacher must work closely with physical therapists, nurses, occupational therapists, and speech therapists when planning interventions for each infant or preschool pupil.

8. Develop and implement an individualized transition plan for each pupil.
9. Evaluate work sites for their architectural accessibility and assist in adapting them and any necessary equipment.
10. Coordinate with the vocational rehabilitation counselor for continuing service after the pupil's graduation, including job coaching if appropriate.
11. Assist in writing the career component of the IEP.
12. Inform potential and actual employers of a pupil's possible use of assistive devices and techniques.

Infant and Preschool Specialist

The person providing services to an infant or a preschooler with a severe orthopedic impairment must have a credential to teach orthopedically handicapped pupils. The teacher also needs a strong background in understanding the growth and development of young children and must be aware of how varying orthopedic impairments alter normal growth patterns.

The teacher must work closely with physical therapists, nurses, occupational therapists, and speech therapists when planning interventions for each infant or preschool pupil. The teacher also must maintain liaison with medical, child care, and other community organizations and agencies providing services to the infant or preschool pupil and to the family. The teacher will need to:

1. Be creative in adapting materials found in the home to the child's needs.
2. Act as a role model for the parents in the home setting by helping them to become responsible case managers and effective teachers for their child.
3. Be skilled in observation, assessment, and recording of behavior.
4. Be able to plan in-service training that is responsive to the needs of the family.
5. Deliver services to the young child and family in coordination with other members of the transdisciplinary team.
6. Be skilled in coordinating services with multiple agencies.
7. Be sensitive to cultural, ethnic, and language differences.

Language, Speech, and Hearing Specialist

The language, speech, and hearing specialist serving pupils with severe orthopedic impairments needs a strong background in understanding the interrelationships between impaired neuromuscular systems and the production of speech and how the resulting problems differ from the usual disorders, such as stuttering, voice problems, and articulation. The pupil's problems may range from a complete lack of speech to inadequate use of the speech musculature. The specialist should be prepared to:

1. Facilitate the pupil's ability to perform basic life functions, such as breathing, sucking, swallowing, and chewing.
2. Facilitate the development of language.
3. Develop functional augmented communication for the nonspeaking pupil.
4. Train and collaborate with teachers regarding functional augmented communication.

The language, speech, and hearing specialist should be prepared to:

1. Consult with the teacher concerning the carryover of activities for speech therapy during the school day.
2. Consult with parents to encourage the carryover of activities in the home and, when appropriate, coordinate the use of augmented communication devices.
3. Work with the pupil during class activities to promote the pupil's use of the augmented communication device.
4. Assist in the specialized feeding program.
5. Work with the multidisciplinary team to adapt the specialized materials and equipment to the pupil's needs.
6. Provide appropriate speech and language therapy.

Mental Health Staff

For some pupils the members of the local mental health staff or contractors provide psychotherapy and other services related to mental health. The provider must understand the implications of the severe orthopedic impairment and work with the multidisciplinary team to provide a coordinated program for the pupil. The related-service plan is a part of the pupil's IEP.[3] The

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[3] See *Education Code* Section 56345(a) and Joint Regulations for Chapter 26.5 of the *Government Code*.

The nurse assists the IEP team in interpreting the pupil's medical reports from private practitioners or community agencies and in explaining the educational implications of this information.

mental health therapist will consult with the teacher concerning any carry-over activities that should be incorporated during the school day.

Occupational Therapist and Physical Therapist

In addition to providing therapy for individual pupils in the school setting, the occupational therapist and physical therapist consult with the teacher concerning the continuation of activities for therapy during the school day, proper positioning of the pupil, adapting materials and equipment to the pupil's needs (including those adaptations necessary for safe positioning during transportation and feeding), and making recommendations to the IEP team. The therapists' plans for treatment, which include goals and objectives, are a part of the pupil's IEP. Generally, the therapists also develop a home program for the parents to follow. Joint Regulations for *Government Code*, Chapter 26.5, mandate that California Children Services therapists participate in the IEP team meeting for pupils who are receiving services from this agency. Because therapists cannot cancel another pupil's therapy in order to attend an IEP team meeting, they must be notified of these meetings in advance.

School Nurse

The school nurse assigned to programs serving pupils with severe orthopedic impairments obtains medical information specific to the pupil's impairment in addition to completing the pupil's developmental history. When an infant is enrolled in the program, the nurse is often the initial contact and assists in assessing the infant's developmental level, daily living pattern, physical and nutritional status, and the family's life-style.

The nurse assists the IEP team in interpreting the pupil's medical reports from private practitioners or community agencies or both and in explaining the educational implications of this information. The school nurse may conduct ongoing assessments of the pupil's health status.

Local educational agencies or offices of the county superintendents of schools that do not have a school nurse must find a qualified individual to assess and interpret the pupil's medical history.

Since pupils with severe orthopedic impairments often have complex health problems, the school nurse may provide required specialized physical health care procedures, train others to do so, and supervise those providing the services.[4] In addition, the school nurse is a resource person for teachers, parents, and other program staff, as well as a liaison with the medical, nursing, and other service providers in the community. The nurse can be a resource for helping the family to obtain equipment that these pupils will use.

The nurse may be expected to give in-service training sessions to the school staff concerning each pupil's medical status and the signs or symptoms of the pupil's medical problems. If a staff member other than the school nurse provides specialized physical health care to the pupil, the nurse is responsible for ensuring that the care provider is well trained, provides supervision, and schedules a return demonstration of specialized physical health care services in accordance with the state's guidelines.[5] The school nurse may be asked to develop lesson plans for pupils to use when they are learning to care for their own physical needs. Other class curriculum that the school nurse may develop or assist the staff in developing includes social concerns, sex education, and substance abuse. The nurse may develop emergency procedures for the pupil to follow in case of life-threatening situations such as earthquake, fire, and severe storms causing power outages. The procedures should be written and posted for immediate access in case an emergency should occur.

School Psychologist

The credentialed school psychologist should be familiar with:

1. The effects of the severe orthopedic impairment on a pupil's total development
2. The various methods of establishing a functional form of communication with the pupil
3. Ways of adapting the test-taking procedure
4. Methods of assessing nonspeaking pupils[6]
5. The influence of modified tests or testing procedures on the interpretation and implications of the data

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[4] See page I-5 in *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils* (Revised edition). Sacramento: California Department of Education, 1990.

[5] See page I-8 in *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils* (Revised edition). Sacramento: California Department of Education, 1990.

[6] See "Consistent Response Patterns for Nonspeaking Pupils" in Chapter One in this publication.

The psychologist must be prepared to interpret the assessment data and other information furnished by the staff so that the teacher may plan educational interventions. In addition, the psychologist assists the teacher in planning group discussions about identified social/emotional concerns of the pupils. The psychologist may work with the parents and staff regarding a pupil's concerns. Together they may define problems and develop constructive solutions and strategies covering a range of topics from problems with physical management to long-range plans for life management.

Support Services

What special training and skills are needed by the classified personnel providing support services to individuals with severe orthopedic impairments?

Many times instructional aides and bus drivers develop a unique relationship with pupils who are severely orthopedically impaired. Individual services and long hours on the bus provide an opportunity to develop positive attitudes and set the emotional climate for the total school day.

Aides

The type and intensity of the assistance needed from an aide varies widely among pupils with severe orthopedic impairments. The pupil's diagnosis, level of self-help skills, and motivation for independence determine what help the pupil will need to benefit from educational instruction and activities. As needed, aides should be assigned to the pupil in whatever instructional setting is most appropriate to meet the pupil's academic needs. Aides may be itinerant and serve several sites in one day; rotate among pupils on one site; or be assigned to one class or pupil. All aides must be competent in the fundamentals of reading, mathematics, spelling, and composition. In addition, aides should be able to prepare vocabulary for augmented communication aids prior to lessons or community-based activities, prepare lesson materials ahead of time on a computer and in other media, serve as an interpreter for pupils with unclear speech, and help pupils to develop and practice independent skills. The aide may need to help a variety of pupils with needs, such as coping with minor architectural barriers, toileting, feeding, positioning, and other personal care; assisting pupils to and from the bus; preparing specialized equipment for their use; and carrying out activities assigned and instructed by a therapist or a credentialed teacher. Aides may also be trained to provide the pupil's specialized physical health care services. They must have had cardiopulmonary resuscitation (CPR) training to qualify to perform these services. **The most important responsibility of aides is to enable the pupil gradually to do things independently.**

Aides should be trained in physically managing a pupil without injuring the pupil or themselves; for example, techniques for using one or two people to lift a pupil, transferring a person, and so forth.

Aides also assist pupils in personal self-care, homework preparation, and class activities. In addition, aides should be able to work in varied settings and under the direction of multiple supervisors.

School Bus Drivers

School bus drivers are required to know how to operate certain pieces of equipment on which some pupils with orthopedic impairments depend.[7] *California Vehicle Code* Section 12522 requires every person who operates a school bus to have passed the first-aid practices examination given by the California Highway Patrol. In addition most bus drivers have training relating to seizures, choking, allergic reactions, bleeding, shock, and many other medical emergencies. Many drivers can perform basic cardiopulmonary resuscitation. In addition bus drivers should be able to:

1. Identify the shortest route to any emergency rooms or stations from any location on the bus route.
2. Evacuate the bus in an orderly and timely fashion, including directing and controlling the pupils after they have evacuated the bus.
3. Communicate their expectations for pupils who are riding on the bus.
4. Handle pupils' medication and specialized health care equipment in the manner approved by the local educational agency or office of the county superintendent of schools.

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[7] *California Code of Regulations, Title 13, Motor Vehicles*, Section 1229.

While on the school bus, the pupils are under the supervision of the school bus driver, even when an aide or attendant is on the bus. The driver is responsible for the orderly conduct of the pupils as well as for their safety. While waiting for assistance to arrive during an emergency, the bus driver can initiate only those emergency procedures normally given by a school employee.

Parent and Pupil Support

How may parents and pupils support the staff who provide services to pupils with severe orthopedic impairments?

Parents and pupils are members of the IEP team. Parents need to:

1. Provide background information concerning the effects of their child's orthopedic impairment on his or her development and interaction with the family and community.
2. Counsel the staff regarding any specialized equipment used by their child.
3. Perform carry-over activities for therapy at home.
4. Promote regular school attendance by maintaining their child's daily health and hygiene.
5. Help their child to have a good emotional attitude about his or her impairment and enable the school staff and others to do the same.
6. Maintain ongoing school and home communication, especially regarding changes in their child's health status or behavior and for nonverbal pupils.
7. Support their child's educational and vocational efforts.
8. Furnish any medical equipment and supplies necessary to provide the specialized physical health care services needed by the pupil.

The pupil should make recommendations during the IEP team meeting. This action is especially important at the junior and senior high school levels when transition planning takes place. The teacher should help the pupil plan his or her recommendations before the conference with the IEP team or the medical therapy personnel. The pupils may want to prepare written statements for the team, especially those using augmented communication systems. The pupils should be prepared to:

1. Become involved in the decision-making process; for example, discuss reasons for trying alternative means of mobility, another communication system, or learning approach.
2. Make commitments affecting their school program; for example, audit a general education class, take a different subject, or enroll in an easier or more difficult class.
3. Accept responsibility for their actions; for example, complete assignments, seek new friends and activities, or be on time for activities.
4. Suggest ways that problems can be handled; for example, how to cope with architectural barriers or how to adapt materials and equipment.
5. Ask for and give instructions to others when assistance is needed.
6. Make long-range decisions affecting their lives; for example, set goals for themselves, learn a different vocation, or try an on-the-job experience.
7. Become involved in plans for meeting regular or differential graduation standards.

CHAPTER SIX

Other Special Considerations

The program for a pupil with a severe orthopedic impairment may include a number of special considerations. These may include monitoring medications, providing specialized physical health care services, implementing emergency procedures, finding resources for equipment, locating transportation, making facilities accessible, and coordinating services of agencies. Each of these areas will be discussed as well as specific points to explore.

Monitoring Medications for Pupils

Does the local educational agency or office of the county superintendent of schools ensure that the pupil's medication is properly stored, administered, and recorded?

Many pupils with severe orthopedic impairments require prescribed medication for muscle relaxation, control of seizures, urinary tract infections, bowel and bladder control, and skin care; analgesics for pain; anti-inflammatory agents; antipyretics for reducing fever; and anti-infectious agents for continuing health care. The name of the medication, dosage, and the prescribing physician's name should be entered on the pupil's health card. All of the staff need to be aware of the possible effects of the medication on the pupil's physical, intellectual, and social behavior as well as of possible behavioral signs and symptoms of adverse side effects caused by omission or overdose of the drug.

If the pupil's physician requires that medication be taken during the school day, the parents must provide a written request for staff assistance or monitoring, with verification by the prescribing physician. The parents must provide the medication to the school in an original pharmacy container clearly marked with the:

1. Name of the pupil
2. Name of the prescribing physician
3. Identification number or name of the medication
4. Name of the pharmacy that dispensed the medication
5. Amount of medication to be taken at a specific time and/or the specific situation during which medication is to be taken

The teachers must know the school district's policy regarding administering medication and follow it. If no

If specialized physical health care services are to be given during the school day, the parent must file a written statement requesting the school to do so.

district policy exists, the school board should adopt a policy specific to medication. Either the school nurse or the designated staff person will store and administer the medication or supervise the pupil as the liquid, capsule, or pill is taken. Medication by injection is discouraged from being given at school. Preferably, the medication should be stored in a locked cabinet. A daily record must be kept showing when the medication was given, who gave it or monitored its administration, and any unusual reactions experienced by the pupil. Whenever possible, pupils should be trained to be responsible for taking their own medication.

Providing Specialized Physical Health Care Services

Does the local educational agency or office of the county superintendent of schools ensure that the procedures and safeguards noted in Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils *are followed when such services are provided to a pupil with a severe orthopedic impairment?*[1]

A pupil with a severe orthopedic impairment may have a specialized physical health care need, such as catheterization, gavage feeding, suctioning, ostomy care, tracheostomy care, or other services which require special training to administer.

If the specialized physical health care services are to be given during the school day, the parent must file a written statement requesting the school to do so.

The administrative process as well as the specialized physical health care procedures are thoroughly discussed in *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils*. These procedures must be carefully followed unless the pupil's primary health care provider has other written procedures specific to the pupil's needs. As with the administration of medication, a daily record must be kept to document the staff's provision of these services. This record provides necessary information to the pupil's primary health care provider in assessing the pupil's ongoing condition as well as documenting that the staff has not been negligent in performing the service.

All providers of specialized physical health care services must be appropriately trained and have a current cardiopulmonary resuscitation (CPR) certification of competence. Providers of specialized physical health care must be supervised by a credentialed school nurse, a public health nurse, or a physician who meets the requirements of the *Education Code*. **The parent is required to provide all medical equipment and supplies that will be needed at the school site.** (See *California Code of Regulations, Title 5, Education,* Section 3051.12[b][3][C].)

Implementing Emergency Procedures

Has the local educational agency or office of the county superintendent of schools, with recommendations from the parents, provided a plan to meet any unforseen emergency?

The pupil with an orthopedic impairment should wear an identification bracelet containing necessary medical information. The school staff should prepare the pupil for any emergency that might occur, such as a fire, earthquake, bus evacuation, breakdown of the equipment on which the pupil's life depends, or evacuation from the school building when the elevators cannot be used. The threat of these events may require keeping at least an extra day's supply of any life-supporting medication at school. Some schools string a copy of each pupil's emergency card on a necklace, which is hung by the door normally used to exit the classroom during an emergency. These necklaces are easily taken when the room is being evacuated, and they can be hung around the appropriate pupil's neck for identification. Other teachers keep a backpack supplied with the necessary information about pupils, emergency procedures, snacks, and drinks.

Staff, too, must be prepared to handle any emergency that might occur with the pupil, including training in procedures specific to the pupil's needs as well as knowing how to contact the paramedic unit or how to get to the hospital located closest to the school or the pupil's bus route. When a high-risk pupil is enrolled, the nearest paramedic unit or hospital staff should be informed in case of an emergency. A visit to a specific classroom during regular activities can acquaint the paramedic with the pupils and lessen the anxiety of pupils, parents, and teachers.

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[1] *Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs of Pupils*. Sacramento: California Department of Education, 1990. See the last page in this document for information on ordering this publication.

Finding Resources for Equipment

Does the staff keep abreast of the latest developments and resources for obtaining specialized equipment and materials?

With the exception of the equipment that the pupil must use for specialized physical health care,[2] the responsible agency named in the special education local plan provides the regular and special equipment used for the occupational and physical therapy program as well as replacing and maintaining the equipment.[3] The school district is not required to purchase medical equipment for an individual child.

Because expensive equipment is needed for the program serving pupils with severe orthopedic impairments, requests for specific items should be coordinated among the responsible agencies and submitted in the order of priority. A list is available of basic equipment needed for a medical therapy unit or medical therapy unit-satellite as agreed on by the California Children Services (CCS) and the Special Education Division of the California Department of Education. All CCS requests for specific equipment should be related to the pupil's treatment plan written by a CCS therapist and included in the IEP. These requests include provision, maintenance, and replacement of program equipment used by the CCS staff in the medical therapy units. The California State Department of Health Services provides clerical assistance and the supplies used for maintaining the pupils' medical therapy records. Costs of zone or long distance telephone calls and any telephones for the sole use of the medical therapy staff may be negotiated with the local educational agency. California Children Services purchases and maintains equipment for the sole use of the pupil, as prescribed by a physician in accordance with California Children Services' program standards.

The combined education and therapy staffs should file a current equipment inventory with the Department of Education's Clearinghouse for Specialized Media and Technology. The Clearinghouse is an excellent resource for locating surplus equipment and for lending equipment to pupils before they purchase it to determine whether they will be able to use it. In addition, the Clearinghouse is a resource center for information on technology for pupils with disabilities. Several databases have been implemented to assist teachers, parents, and administrators in their efforts to identify software, hardware, organizations, vendors, and manufacturers of technologies that meet individual pupil's needs. Teachers whose pupils with severe orthopedic impairments can benefit from recorded books or large-print books are encouraged to contact the Clearinghouse. Inquiries regarding the services of the Clearinghouse should be addressed to the Clearinghouse for Specialized Media and Technology, P.O. Box 944272, Sacramento, CA 94244-2720; telephone (916) 445-5103 or (916) 445-1290.

Another resource for specialized materials and equipment needed to implement the pupil's goals and objectives is low-incidence funding. Use of these funds is limited to providing for the unique educational needs resulting from the pupil's low-incidence disability. The funds are to supplement, not to supplant, existing resources. Specialized material or equipment that is no longer being used is to be reassigned, whenever needed, to a local educational agency within the special education local plan area or to any other local education plan area within the state as described in the special education local plan. Use of this funding to purchase equipment for the medical therapy unit is prohibited. The equipment is the property of the state, not of the local educational agency or the pupil.

Providing Staff Development

Does the local educational agency or office of the county superintendent of schools provide for staff development according to the assessed needs of these groups?

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[2] Section 3051.12(b)(3)(C) of the *California Code of Regulations, Title 5, Education,* states, "The school district shall not be required to purchase medical equipment for an individual pupil."

[3] See Section 7575(d) of Chapter 26.5 of the *Government Code*.

Regular review with staff of procedural safeguards, such as the privacy rights of pupils relative to their medical and educational needs is necessary.

Teachers, speech therapists, school nurses, bus drivers, and aides of pupils with severe orthopedic impairments need to be given in-service training. This training should address staff needs pertaining to the total orthopedic population as well as address individual needs of pupils and teachers. In-service training should include presentation and discussion of successful instructional strategies, review of the latest technological equipment, and opportunity to master the operation and adaptation of the specialized equipment used by or suggested for use by pupils.

Prior to the enrollment of a pupil with an orthopedic impairment, regular and special education teachers with credentials and expertise in other areas should have the opportunity to develop the knowledge, skills, and attitudes needed to integrate effectively such a pupil in the least restrictive environment. The in-service training should focus on the regular teacher's concerns specific to the pupil; for example, the pupil's orthopedic impairment, level of abilities, learning style, instructional strategies, and equipment. The teacher should be provided with regularly scheduled support during the school year. In-service training should be available for special education teachers and vocational education teachers to facilitate the pupils' entry into regular vocational education classes.

Consistently updating their knowledge in the use and adaptation of electronic communication devices is necessary for language, speech, and hearing specialists working with pupils with severe orthopedic impairments. Because of rapidly changing technology, language, speech, and hearing specialists serving severely orthopedically impaired pupils should be assisted whenever possible by their educational agency to obtain the latest information by attending conferences, visiting programs, and participating in assessment centers in the greater geographical area, and by attending appropriate courses offered in communication and technology.

The school nurse should participate in community conferences, professional workshops, and organizations, and school staff in-service training sessions to enhance the right of the child with a disability to function in the least restrictive environment.

The total staff, parents, and other personnel involved in the physical handling of the pupils must be trained in proper techniques for lifting and transferring so that they may accomplish their duties without injuring the pupils or themselves. In-service training for those who must lift others should include supervised practice of using one or two persons to lift a pupil, not simply photographs or handouts that illustrate or describe steps.

Bus drivers must receive yearly in-service training and be updated, as appropriate, concerning the implications of the pupil's orthopedic impairment, medical considerations, and emergency procedures to follow. Regular review with staff of procedural safeguards, such as the privacy rights of pupils relative to their medical and educational records, is necessary as well as annual training in universal precautions to control infection.

In-service training may be presented in various ways. The training may be given during individual meetings between the classroom teacher and the special class teacher of the orthopedically handicapped; or the training may occur at conferences or through the use of videotapes, teleteaching consultations, visitations, or training modules prepared by the Special Education Division's Personnel Development Unit. The training may also be presented as special coursework provided by institutions of higher learning. In-service trainers are available from a variety of sources, such as local staff, staff from various state agencies, college or university faculty, special interest groups or organizations, professional organizations, community members with special skills, exemplary programs from other school districts, parents, and private consultants.

Meeting Parents' Needs for Education

What are the requirements for a parent education program?

The parent education program should be based on parents' needs and the needs of their child. In addition, parents need knowledge pertinent to their participation in the education of their child, such as information about educational program options, the services and responsibilities of other agencies, and transition issues. For the low-incidence populations located in outlying areas, the parent education program may be provided individually.

All non-English-proficient parents of pupils with severe orthopedic impairments should be provided an interpreter, who may make the in-service training more meaningful to the parent.

Coordinating Services Among Agencies

Has the local educational agency or office of the county superintendent of schools coordinated with other agencies to provide services to pupils with severe orthopedic impairments?

Pupils with severe orthopedic impairments have complex needs. Many state agencies are involved in carrying out federal mandates to provide appropriate services. All education staff, and especially the teacher of pupils with orthopedic impairments, should be aware of the services that each state and local agency provides and the criteria necessary to access those services. Pupils may seek services based on the function of the agency, such as mental health services provided by mental health or diagnostic services or services provided by a Regional Center. Pupils may also access services on a categorical basis, such as visually impaired, developmentally disabled, or hearing impaired. Eligibility criteria may be based on the pupil's age, medical need, family income, or severity of the handicapping condition. Some agencies operate on the basis of "the last dollar" or payor of last resort, terms which mean that an agency can provide a service only if another agency does not.

A good practice is to set up a process for the exchange between agencies of relevant information about a pupil. A good network system is essential when services are being sought for pupils and when pupils are being taught to become advocates for themselves.

California agencies that most often provide services to pupils with severe orthopedic impairments are described in the next paragraphs.

Department of Developmental Services (DDS)

Regional Centers (funded by DDS) provide assessment, diagnosis, genetic counseling, advocacy, and case management. Regional Centers may have behavioral managers on their staff who can provide considerable assistance in eliminating socially unacceptable behavior and fostering desirable behaviors. The Department also provides treatment and education in state hospitals or developmental centers.

The California State Department of Health Services

The California Children Services Branch provides medically necessary services, such as physical therapy or occupational therapy, medical case management, and purchase of durable medical equipment needed by individual pupils with specific medical conditions.

Specific eligibility criteria exist for pupils receiving the free occupational therapy and physical therapy programs that are provided by CCS at school sites.

The California State Department of Mental Health Programs

This department and local mental health agencies provide psychotherapy and other mental health services after all less restrictive school services have been used and the pupil's eligibility has been established.

The California State Department of Vocational Rehabilitation

This state agency provides counseling, vocational training, employment placement, transportation, maintenance, telecommunication, sensory and technological aids and devices, occupational licenses, tools and equipment, postemployment services, and services to family members. In addition, the staff assists in transition planning, training, supportive work, and job coaching.

Medi-Cal

This agency authorizes payments for medically necessary services, including a home health aide to accompany the pupil to and from school and remain with the pupil during the school day. The pupil must be eligible for Medi-Cal and be receiving services from a home health aide at home as ordered by the primary health care provider before the pupil becomes eligible to receive these services at school.

Using Community Resources

Does the local educational agency or office of the county superintendent of schools use community resources to enhance the experiences of pupils with severe orthopedic impairments?

A variety of community resources can help pupils, their parents, and the schools. Although each community differs, the available resources generally include service clubs, nonprofit organizations, private foundations, institutions of higher education, and interested individuals.

Community resources which have supported pupils with severe orthopedic impairments are the Benevolent and Protective Order of the Elks, the Boy Scouts of America, the Easter Seal Society, the Girl Scouts of America, Goodwill Industries, March of Dimes, Kiwanis International clubs, Lion's International clubs, the Muscular Dystrophy Association, Parent-Teacher Associations, Shriners, Soroptimist clubs, Telephone Pioneers of America, and the United Cerebral Palsy Association. The services include providing supportive medical services, advocacy, special events, scholarships for camp, scholarships, vocational opportunities, and funds for the purchase of special equipment. One can check with the special education local plan administrator, local department of health, or individual school districts to see whether they maintain a listing of community resources, including addresses, telephone numbers, and contact persons.

Making Facilities Accessible

Has the local educational agency or office of the county superintendent of schools made facilities accessible to pupils with severe orthopedic impairments?

Every room or office on the school site will not need to be accessible to the pupil. Sometimes relocating a specific class is easier than making expensive structural modifications. The special classroom should be located within the central system of the school plant, not at the far end of the campus or isolated from other classrooms.

Reasonable accommodations should be made for the pupils' physical needs. Bathrooms should be easily accessible from the classroom. Both the hallway and the bathroom should be able to accommodate pupils using wheelchairs and walking aids. Extra space is required around the bathroom fixtures for vertical or horizontal bars to aid the pupils in becoming independent in their self-care. An enlarged stall should accommodate any required equipment as well as provide privacy. Occasionally, a changing table and a storage area for extra clothing or specialized equipment may be needed.

The health room may be modified, especially if this room is used to isolate an ill pupil who may use a wheelchair. Special storage may be needed for catheterization trays, oxygen, and sterile supplies. A locked cabinet must be available to store medication safely for pupils who take medication while at school.

Whenever a classroom is being considered for use by pupils with severe orthopedic impairments, special needs specific to a pupil's disability must be identified. Extra space is needed to accommodate the use and safe storage of the many large pieces of specialized equipment needed by the pupils. Such items as standing tables, electric typewriters, computers, slant boards, electric wheelchairs, and various types of communication aids require space. The special class teacher will need adequate storage for multigrade level classroom supplies and equipment. If the special classroom is located on an elementary school site, additional storage space, where the adapted outdoor play equipment can be stored, should be available adjacent to the outdoor play area. In an emergency, the special class teacher should be able to communicate quickly either to the school office, parent, or an appropriate community agency.

Pupils with severe orthopedic impairments should have access to the same facilities as any other pupil does. Therefore, entry ways should be accessible to wheelchairs. The direction in which the doors open is important not only to the wheelchair user but also to a pupil who uses crutches and must try to open the door while maintaining balance. Access for wheelchairs must exist from the street level as well as from the sidewalk. The physical arrangement of the room must be conducive to the pupil's independence in getting to the desk, study area, and instructional areas. In addition, the cloakroom and shelves to place coats and lunches must be accessible. Space should be provided for the mobility of the nondisabled peers. The pupil in the wheelchair cannot maneuver in small spaces or even reach areas that the mobile pupil can. These concerns are also valid when one pupil is placed in a regular education class, a class serving pupils with other disabilities, or a resource specialist's room.

Modification of the school's computers and computer laboratory should not be overlooked. Often, slightly

The local educational agency or office of the county superintendent of schools is responsible for providing necessary transportation for the pupil.

adapted equipment enables pupils to gain access to curricula and specialsoftware that the pupil's nondisabled peer group uses.

If classroom modifications are needed, staff members from the California Department of Education's School Facilities Planning Unit and Special Education Division are available to help school staff in planning for the necessary changes. The School Facilities Planning Unit is knowledgeable about which state and local building codes must be observed.

Providing Medical Therapy Units

Has the local educational agency or office of the county superintendent of schools provided the space needed for medically necessary therapy to be given to the pupils at the school facility?

When a demonstrated need exists, every county should have at least one medical therapy unit. Densely populated counties may have several of these units in addition to medical therapy unit-satellites that enable the pupils to receive therapy as close to their resident school as possible. It is recommended that medical therapy units house no more than six staff at any one site, including four therapists, one supervising therapist, and a therapy aide. Therapists may be based at the medical therapy unit and may also provide regularly scheduled therapy in medical therapy unit-satellites.

The School Facilities Planning Unit of the California Department of Education recommends an interagency planning meeting when a new medical therapy unit is being planned or when an existing facility is being relocated or structurally remodeled. The local educational agency and California Children Services staff should meet with the county schools representative, the assigned field person from the State Allocation Board, and state consultants from the Special Education Division and California Children Services.

Section 17747 of the *Education Code* states that 3,000 square feet is the footage allowed for therapy, with a square foot allowance per additional classroom. **This section of the *Education Code* applies only if the facility is to be funded by the State Allocation Board.** The State Allocation Board's interpretation of this section is that the identified square footage is the maximum allowed and that all sizes of therapy units are negotiable. The square footage allocation will be determined by the number of pupils anticipated to be served, with allowances for future growth.

Permitting the Use of Canine Companions

Does the local educational agency or office of the county superintendent of schools have a school policy on canine companions?

Dogs trained as companions for the pupil with a severe orthopedic impairment may be provided by private agencies and foundations. These dogs retrieve dropped items, open doors, carry books and supplies, and occasionally help to propel the pupil's wheelchair. Dogs fully certified as working animals may be allowed in schools. The law prohibits the exclusion of canine companions as stated in the *California Civil Code* sections 51, 54.1, and 54.2 (see Appendix D, "Selected Legal Requirements").

Providing Transportation for Pupils

Does the local educational agency or office of the county superintendent of schools provide transportation that protects the health and safety of pupils with severe orthopedic impairments?

The local educational agency or office of the county superintendent of schools is responsible for providing necessary transportation for the pupil. Transportation is to be provided to and from the home or pickup station and the school and to related services such as counseling provided by the local mental health program and occupational therapy or physical therapy. The district or county office may use regular school buses, specially equipped buses, or other forms of public transportation for conveying the pupil to school.

The pupil may be able to learn to walk or propel the wheelchair independently to school. Some pupils may be able to walk to the bus stop where other neighborhood pupils are picked up. Special assistive equipment needed on the school bus may include special seat belts, harnesses, wheelchair tie-downs, hydraulic lifts or ramps, and infant-style restraints or car seats. Space inside the bus should be dedicated to storing and transporting walkers, canes, crutches, adapted chairs, oxygen containers, and locked storage for medication. A good practice is for the school bus that carries a pupil with a severe orthopedic impairment to be equipped with two-way communication, and bus drivers should carry emergency cards for each of these pupils.

Bus routes should be scheduled so that the pupil spends a minimum amount of time on the bus. The length of the ride and temperature of the environment may cause the pupil discomfort and may further aggravate the pupil's medical and orthopedic conditions.

The interaction between the bus driver and the pupil may affect the pupil's entire day. The trip to and from school and home may be pleasant, or it can be frustrating. Seatmates must be selected carefully, and the safety rules must be enforced.[4]

The pupil should be able to move independently about the home, community, and workplace. As soon as possible, goals and objectives to facilitate independent mobility in the home, school, and, especially, the workplace should be included in the pupil's IEP. Pupils need to be trained to use the regional bus system and any other public or private transportation systems in the community, including taxis.

Evaluating and Improving the Program

Does the local educational agency or office of the county superintendent of schools improve the effectiveness in identifying, assessing, planning, and providing instruction and services to meet the needs of pupils?

Every program serving pupils with severe orthopedic impairments should implement a process to improve the effectiveness of the program in meeting the needs of the pupil. One of the most effective ways is to review the program each year noting the:

1. Continuum of options for services available to the pupils
2. Availability of identified courses of study appropriate to the pupils' needs
3. Availability of necessary specialized materials and equipment
4. Availability of the appropriate credentialed staff to serve the pupils
5. Ability of the program to meet the unique needs of all pupils with severe orthopedic impairments

This review process should cover all areas included in this document, using the key questions appearing in each chapter and the "Self-review Guide" in Appendix A. When a self-review is being conducted, specific open-ended questions should be developed for interviewing administrators, special and regular education staff, and parents and for reviewing the pupil's IEP and other educational documents. Questions beginning with *how, what, who,* and *when* will provide valuable information for determining and improving the effectiveness of the program. This approach will clarify who is responsible for the elements of the program and yield a local consensus for possible local evaluation studies.

The California Department of Education provides technical assistance to parents, teachers, and administrators in the implementation of these guidelines. (See Appendix D, "Selected Legal Requirements" and Appendix F, "Resources for Technical Assistance.")

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[4] The reader may find the following publication helpful for those who are responsible for transporting pupils: ***Manual of First-Aid Practices for School Bus Drivers.*** Sacramento: California State Department of Education, 1983. Information on ordering this publication appears on the last page of this document.

APPENDIX A

Evaluation of the Program

Every program serving pupils with severe orthopedic impairments should have a process to improve its effectiveness. One of the most effective ways to evaluate a program is to review it each year, noting:

1. The continuum of program placements and service delivery options available to the pupils
2. The availability of identified courses of study and core curriculum appropriate to pupils' needs
3. The availability of necessary specialized materials and equipment
4. The availability of the appropriately credentialed staff to serve the pupils
5. The ability of the program to meet the unique needs of all pupils with severe orthopedic impairments
6. The opportunity for pupils to have access to the least restrictive environment

This review process should cover all areas included in this document, using the questions as a basis for program review. Program reviews should lead to positive changes.

The following self-review guide contains the criteria for evaluating the components of the preceding chapters. Listed in this guide are laws or regulations on which the criteria are based, page numbers in this publication in which the criteria appear, a method for rating a program, and a section for comments.

The references to legislation in the appendix are taken from the following codes: the *Education Code (EC)*; *California Code of Regulations, Title 5, Education (CCR 5)*; the *Government Code;* the *Code of Federal Regulations;* and the *California Civil Code.*

Chapter One—Identification and Assessment of Unique Educational Needs

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 56300	1	1. Has the local educational agency or office of the county superintendent of schools implemented a child-find system to identify pupils with severe orthopedic impairments?	N U S	
EC 56303	2	2. Does the local educational agency or office of the county superintendent of schools ensure that pupils with severe orthopedic impairments are placed in special education only when their needs cannot be met with a modified regular program?	N U S	

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[1] Reference to law or regulation.

[2] Reference to page in guideline.

[3] N = program needs improvement; U = program sometimes or usually meets the standard; S = program meets the standard.

Identification and Assessment of Unique Educational Needs—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 56320(b)(3) EC 56320(g)	2	3. Does the local educational agency or office of the county superintendent of schools ensure that assessment personnel are knowledgeable about how the pupil's severe orthopedic impairment affects the selection of assessment tools and the information obtained from them?	N U S	
EC 56320(b)(1)	3	4. Does the local educational agency or office of the county superintendent of schools ensure that all assessment personnel are able to communicate with the pupil with a severe orthopedic impairment?	N U S	
EC 56320(b)(1)	4	5. Does the staff modify the assessment tools to enable the pupil with a severe orthopedic impairment to respond?	N U S	
EC 56320(f)	4	6. Are all aspects of the pupil's expressive and receptive speech and language assessed?	N U S	
	5	7. Are the teachers provided with helpful information concerning the pupil's learning style, ability, achievement, and strengths?	N U S	
	5	8. Does the staff assess the pupil's social and emotional interactions with handicapped and nonhandicapped peers and adults?	N U S	
	6	9. Does the staff assess the continuum of independent living skills appropriate to the age of each pupil with a severe orthopedic impairment?	N U S	
	6	10. Does the staff assess the continuum of self-help skills appropriate to the age of each pupil?	N U S	
	6	11. Are assessments of mobility provided in a variety of community environments using available public and private transportation systems?	N U S	
	7	12. Are physical and motor skills assessed relative to the pupil's participation in leisure-time activities and life-time sports?	N U S	
	7	13. Does the staff use age-appropriate assessments of prevocational and career education, vocational education, and career development?	N U S	
	7	14. Does the staff ensure the gathering of a health and developmental history and assess the need for medically necessary therapies for each pupil?	N U S	
Government Code Section 7572(b)	8	15. Does the California Children Services (CCS) staff conduct orthopedic fine motor and gross motor assessments to determine the need for medically necessary therapies?	N U S	
EC 56426.6	9	16. Does the local educational agency or office of the county superintendent of schools provide for a transdisciplinary team assessment of infants and preschool children who are severely orthopedically impaired?	N U S	

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[2] Reference to page in guideline.
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Identification and Assessment of Unique Educational Needs—Continued

Law or regulation[1]	Page[2]	Criteria	Status[3]	Comments
EC 5632(f)	9	17. Does the local educational agency or office of the county superintendent of schools ensure that pupils with severe orthopedic impairments are assessed in all areas of suspected disabilities?	N U S	
EC 56320(g)	10	18. Do the assessment reports identify the pupil's special needs, including those for specialized equipment and materials?	N U S	

Chapter Two—The Individualized Education Program

Law or regulation[1]	Page[2]	Criteria	Status[3]	Comments
EC 56341(a)	11	1. Do the required personnel attend the team meeting to develop the pupil's IEP?	N U S	
EC 56345(a)	12	2. Does the pupil's IEP contain all the components required by law?	N U S	

Chapter Three—Unique Program Needs

Law or regulation[1]	Page[2]	Criteria	Status[3]	Comments
	20	1. Is there documentation of whether the pupil is receiving core, modified, or adapted curriculum?	N U S	
	21	2. Is there documentation of major similarities and differences in the modified or adapted core curriculum?	N U S	
EC 56345(b)(7)	21	3. Is the need for nonprescriptive specialized services, materials, and equipment identified?	N U S	
CFR 300.14 (b)(2)	22	4. Does the program provide physical education which supports physical and motor fitness and skill development?	N U S	
EC 56363(b)(15)	23	5. Are independent or group leisure activities a part of the pupil's program?	N U S	
	23	6. Are developing social interactions with disabled and nondisabled peers and adults a part of the pupil's program?	N U S	
EC 5636(b)(3)	24	7. Are pupils given opportunities to develop their mobility skills?	N U S	
	24	8. Are pupils given opportunities to develop independence in their activities?	N U S	
EC 56363(b)(14)	25	9. Are pupils provided a continuum of career and vocational experiences?	N U S	
	26	10. Are activities planned which lead the pupil from a dependent status to that of an independent adult?	N U S	

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Chapter Four—Options for Placement

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 56360	27	1. Are pupils placed in the least restrictive environment based on their educational needs?	N U S	
EC 56200(b) EC 56220(c)	28	2. Are a full range of program options provided regionally?	N U S	
	28	3. Are pupils enrolled in a regular class placement with related services?	N U S	
	29	4. Are pupils offered a combination of regular class, itinerant special class, and related services?	N U S	
EC 56361(a)	32	5. Is the resource specialist program available?	N U S	
EC 56364	33	6. Is a special class for pupils with an orthopedic impairment combined with other placement options?	N U S	
CCR 5 3051.14	34	7. Are pupils offered a combined educational and vocational placement?	N U S	
EC 56361.5(a)	35	8. Is home and hospital instruction provided?	N U S	
EC 56361(d)	36	9. Is nonpublic school placement an option to be considered?	N U S	
EC 56850	36	10. Are state developmental centers or state hospitals options to be considered?	N U S	

Chapter Five—Competencies for Staff Serving Pupils with Orthopedic Impairments

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 44265.5(c) CCR 5 3001(c)	37	1. Are the qualified certificated and noncertificated personnel specifically trained in assessing and providing education and related services to pupils with severe orthopedic impairments?	N U S	
EC 56363(a)		2. Does each of the following individuals understand his or her unique role and responsibilities to the total educational and support service program?	N U S	
	37	a. Administrators of special education programs?	N U S	
	38	b. Special education teachers for orthopedically impaired?	N U S	
	39	c. Resource specialist?	N U S	
	39	d. Program specialist?	N U S	
	40	e. Regular classroom teacher?	N U S	
		3. What special skills are needed by the related services staff to enable them to assess and provide instruction that meets the unique needs of a pupil with a severe orthopedic impairment?	N U S	
	40	a. Adapted physical education specialist?	N U S	

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[2] Reference to page in guideline.

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Competencies for Staff Serving Pupils with Orthopedic Impairments—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
	40	b. Career/Vocational specialist?	N U S	
	41	c. Infant and preschool specialist?	N U S	
	41	d. Language, speech, and hearing specialist?	N U S	
	41	e. Mental health staff?	N U S	
	42	f. Occupational therapist and physical therapist?	N U S	
	42	g. School nurse?	N U S	
	42	h. School psychologist?	N U S	
	43	4. What special training and skills are needed by the classified personnel providing support services to individuals with severe orthopedic impairments?	N U S	
	43	a. Aides?	N U S	
	43	b. School bus drivers?	N U S	
	44	5. How may parents and pupils support the staff who provide services to pupils with severe orthopedic impairments?	N U S	

Chapter Six—Other Special Considerations

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
CCR 5 3051.12 (b)(3)(E)	45	1. Is medication properly stored, administered, and recorded?	N U S	
CCR 5 3051.12 (b)(3)(E)	46	2. When providing for specialized health needs, does the school:	N U S	
		a. Have a written request from parents on file?	N U S	
CCR 5 3051.12 (b)(3)(E)		b. Have written procedures from a licensed physician and surgeon?	N U S	
		c. Maintain a daily record (documentation) of the medication or specialized physical health need service?	N U S	
		d. Have emergency procedures established and copies of them placed in an accessible area?	N U S	
CCR 5 3051.12 (b)(2)		e. Have appropriately trained staff been providing the service?	N U S	
		f. Provide the required supervision of the service?	N U S	
	46	3. Is there a contingency plan for possible emergencies?	N U S	
	47	4. Is the staff knowledgeable of the latest developments and resources for obtaining specialized equipment and materials?	N U S	
EC 56363(b)(11) EC 56241(a)(b)	47 48	5. Are staff development and parent education provided?	N U S	

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[2] Reference to page in guideline.

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Other Special Considerations—Continued

Law or regulation[1]	*Page*[2]	*Criteria*	*Status*[3]	*Comments*
EC 56220(d)	49	6. Does the program coordinate its services with those of other agencies?	N U S	
	49	7. Are community resources used?	N U S	
34 CFR 104.21–23	50	8. Are the facilities accessible?	N U S	
	51	9. Is medically necessary therapy available?	N U S	
Section 104.4 of Section 504 of the Rehabilitation Act 1973; CCC 51, 54.1, 54.2	51	10. Is there a district policy on canine companions?	N U S	
EC 56221(b)(5)	51	11. Is appropriate transportation provided?	N U S	
EC 56220(c)(3) EC 56600	52	12. Is the program regularly evaluated?	N U S	

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[1] Reference to law or regulation.

[2] Reference to page in guideline.

[3] N = program needs improvement; U = program sometimes or usually meets the standard; S = program meets the standard.

APPENDIX B

Least Restrictive Environment

The California Department of Education's policy statement on least restrictive environment that the California State Board of Education approved on October 10, 1986, appears in this appendix. The legislative mandates and the policies for implementation are presented. The following forms are also a part of this appendix: "San Joaquin County Special Education Programs Questionnaire on Least Restrictive Environment," "Referral for Special Education Assessment," and "Request for the Pupil Study Team's Analysis of a Pupil's Needs."

California's commitment to the provision of services to individuals with exceptional needs in the least restrictive environment is clearly stated in legislative intent:

> Individuals with exceptional needs are offered special assistance programs which promote maximum interaction with the general school population . . . (*Education Code*, Part 30, Chapter 1, Article 1, Section 56001[g]).

This commitment is further stressed in the mandate which requires that:

> A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized (*Education Code*, Part 30, Chapter 4, Article 1, Section 56303).

Policies for Implementation

Policies for implementing this intent statewide are based on the principle that individuals with exceptional needs should receive their education in chronologically age-appropriate environments with nonhandicapped peers. This principle maintains that both nonhandicapped and handicapped children are most successfully educated in a shared environment where qualities of understanding, cooperation, and mutual respect are nurtured.

It is also the intent of federal and state statutes and regulations that individuals with exceptional needs attend the same public school as nonhandicapped students in their neighborhood unless the individualized education program (IEP) team determines this placement to be inappropriate for a pupil's educational and social needs.

Therefore, placement in an educational environment other than in a regular class should be considered only when the IEP team determines that the regular environment, services, and/or curriculum cannot be modified effectively to meet the needs of the student as specified in his or her IEP.

Both federal and state regulations mandate the provision of:

> . . . a full continuum of program options to meet the educational and service needs of individuals with exceptional needs in the least restrictive environment (*Education Code*, Part 30, Chapter 1, Article 2, Section 56031).

To ensure that a full continuum of program options are available, all educational agencies should review their current delivery systems to determine whether:

1. Program options in regular educational environments are available at local neighborhood schools.
2. Special education programs, to the maximum extent appropriate to students' needs, are housed on regular school campuses and dispersed throughout the district.
3. The physical location of the program facilitates continuing social interaction with nonhandicapped students.
4. Individuals with exceptional needs have equal access to all regular education activities, programs, and facilities on the regular school site and participate in those activities as appropriate to their needs.
5. Administrative policies and procedures encourage the close cooperation of all school personnel to facilitate opportunities for social interaction between individuals with exceptional needs and nonhandicapped individuals.
6. Administrative policies and procedures allow individuals with exceptional needs maximum access to appropriate general education academic programs, and school personnel are given necessary support to ensure the student's success.
7. Long-range plans and commitments for physical housing on regular school campuses are made in order to avoid frequent and disruptive program relocations.
8. Through long-range commitments for physical housing on regular school campuses, individuals with exceptional needs are afforded opportunities to develop and maintain continuing relationships with nonhandicapped peers.

Consistent with the determination of an IEP team, students may be placed in residential schools or nonpublic schools and may be provided educational services in medical facilities. Administrators of those facilities and programs are encouraged to provide opportunities for participation with nonhandicapped students in both educational and social activities.

In all instances, the IEP team determines the extent to which an individual with exceptional needs participates in regular education with nonhandicapped students. The determination of appropriate program placement, related services needed, and curriculum options to be offered is made by the IEP team based on the unique needs of the handicapped student rather than on the label describing the handicapping condition or the availability of programs.

To summarize California's position on the least restrictive environment for individuals with exceptional needs receiving a public education, the California Department of Education heartily concurs with the Legislature in its declaration that:

> Special education is an integral part of the total public education system and [should provide] . . . maximum interaction between handicapped and nonhandicapped pupils. . . . (*Education Code*, Part 30, Chapter 1, Article 1, Section 56031).

Form 1

Questionnaire on Least Restrictive Environment

San Joaquin County Special Education Programs

Name of student | Home district | Date

Date of birth | Age | Name of school | Name of teacher

Indicate the following information by checking the appropriate box. If yes is checked, please explain in the space provided.

Yes No

☐ ☐ Does the student receive medication at school?

Specify: ____________________

☐ ☐ Does the student have seizures?

Specify: ____________________

☐ ☐ Is the student ambulatory?

Specify: ____________________

☐ ☐ Does the student need adaptive equipment?

Specify: ____________________

Check all applicable designated instruction and services (DIS) that the student is currently receiving.

- ☐ Speech (1)
- ☐ Hearing (2)
- ☐ Counseling (3)
- ☐ Adapted physical education (4)
- ☐ California Children Services (5)
- ☐ Mobility (6)
- ☐ Other (7) Specify: ____________
- ☐ None (8)

The following are possible IEP goal areas. Please fill in the priority ranking as indicated on the most recent IEP.

Date of IEP ____________________

- ☐ Academic (1)
- ☐ Career awareness (2)
- ☐ Communication (3)
- ☐ Individual living (4)
- ☐ Leisure (5)
- ☐ Motor (6)
- ☐ Sex education (7)
- ☐ Social (8)
- ☐ Speech and language (9)
- ☐ Vocational (10)
- ☐ Other (11) Specify: ____________
- ☐ Other (12) Specify: ____________

For office use only
(Use different color ink for the review.)

Date reviewed: ____________________

Teacher: ____________________

Administrator: ____________________

Date entered: ____________ Initial: ________

Questionnaire on Least Restrictive Environment—(Continued)

Check the appropriate box and specify if necessary.

Transportation

The student:

☐ Rides the school bus appropriately (1)
☐ Requires physical assistance to and from the classroom (2)
☐ Requires visual supervision to and from the classroom (3)
☐ Requires an accompanying rider on the bus (4)

Specify: ______________________________

Recess/Lunch

The student:

☐ Is capable of taking unsupervised lunch and breaks (1)
☐ Needs visual supervision (2)
☐ Needs close supervision (3)
☐ Has a history of running away (4)
☐ Requires assistance to eat (5)

Specify: ______________________________

Classroom setting

The student:

☐ Appears capable to get to and from class on an open campus (1)
☐ Would need some help finding classes (2)
☐ Might do better in a self-contained classroom with one or two subjects (3)
☐ Functions better in a self-contained classroom (4)

Specify: ______________________________

Self-care

The student:

☐ Is totally independent (1)
☐ Needs supervision if the restroom is out of the classroom (2)
☐ Requires assistance (3)
☐ Needs training (4)
☐ Requires total care (5)

Specify: ______________________________

Behavior

The student:

☐ Has required no behavioral interventions in the past (1)
☐ Has a current behavioral program (2)
☐ Has had a time-out program in the past, but is not currently in the program (3)
☐ Currently has a time-out program (4)
    ☐ Level 1 (4.1)
    ☐ Level 2 (4.2)
    ☐ Level 3 (4.3)

Specify: ______________________________

Yes No

☐ ☐ The student has a history of inappropriate sexual behavior. (5)

Specify: ______________________________

☐ ☐ The student is a danger to himself or herself or to others. (6)

Specify: ______________________________

Form 2

Referral for Special Education Assessment

Tehama County Special Education Local Plan Area

A Cooperative Activity of the County's School Districts and California Department of Education

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Responsible school district				
Pupil's name	Birth date	Chronological age	Grade	Sex ☐ M ☐ F
School	District		Teacher	
Name of parents		Phone		
Street address		City		ZIP code
Mailing address if different				
Date	Assessment plan due in 15 days *(Month/day)*			
Reason for referral				

Referral made by:

☐ Pupil/Student Study Team Action
Attach referrral to pupil study team (PST) form, screening report (if appropriate), PST work sheets, and program modification/adaption forms.
Develop an assessment plan and present it to parents within 15 days.

☐ Parent or Student Self-referral

☐ Community Agency or Resource
Send to appropriate school. The assessment team will develop an assessment plan and meet with parents within 15 days.

Indicate the suspected handicapping condition:

☐ Hearing
☐ Vision
☐ Speech/Language
☐ Orthopedic/Health
☐ Intellectual/Potential
☐ Developmental
☐ Social/Emotional
☐ Processing
☐ Other (Specify.) ____________________

The referred pupil is:

☐ Not in school, appears to need special education services
☐ In school, but appears to need special education services
☐ In school and receiving special education services, but appears to need additional or different services or both

Primary language of home: ☐ English ☐ Other ____________________

Is the referred pupil limited in English proficiency? ☐ Yes ☐ No

Do the parents know of this referral? ☐ Yes ☐ No

Additional comments: ____________________

____

____________________ *(Date)*
(Name and role of person making the referral)

____________________ *(Date)*
(Administrator's signature)

____________________ *(Date)*
(Chairperson, PST)

Original to: ☐ File Copy to: ☐ Parent ☐ Teacher ☐ Other ____________________

SELPA REF-01

Form 3

Request for the Pupil Study Team's Analysis of a Pupil's Needs

Tehama County Special Education Local Plan Area (SELPA)

A Cooperative Activity of the County's School Districts and California Department of Education

Date:	School:	Teacher:	Pupil's grade level:
Pupil's name:	Birth date:	Age:	Sex ☐ M ☐ F

1. Is the pupil limited-English proficient? ☐ Yes ☐ No Language: ____________________
   If yes, are the educational problems caused by the pupil's lack of familiarity with the English language? ☐ Yes ☐ No
2. Reason for referral: ____
   ____
3. Items of particular concern:

Reading
- ☐ Readiness
- ☐ Decoding
- ☐ Comprehension
- ☐ Study skills

Emotional/Adaptive
- ☐ Self-concept
- ☐ Lacks self-confidence
- ☐ Relations to authority
- ☐ Relations with peers
- ☐ Requirements for supervision
- ☐ Distractible
- ☐ Cyclical behavior
- ☐ Poor completion of work

Writing
- ☐ Spelling difficulties
- ☐ Sentence formation
- ☐ Poor grammar and punctuation

Oral
- ☐ Inappropriate
- ☐ Syntax
- ☐ Fluency
- ☐ Voice quality
- ☐ Speech sounds

Sensory
- ☐ Visual ☐ Auditory

Mathematics
- ☐ Reading
- ☐ Application/Facts
- ☐ Regrouping
- ☐ Computations

Motor
- ☐ Large-muscle activities
- ☐ Fine-muscle activities
- ☐ Hand-eye coordination

Perceptual
- ☐ Visual ☐ Auditory
- ☐ Visual ☐ Auditory

4. Impressions of academic performance

Directions: Rate the pupil in relation to his or her own abilities. Please rate each statement by placing an *x* in the appropriate box. For a behavior that occurs seldom, place an *x* under 1 or 2. For a behavior that occurs occasionally, but not regularly, place an *x* under 3 or 4. For those behaviors that occur often and regularly, use a rating of 5 or 6. If the statement does not apply to the student, place an *x* in the N/A (not applicable) column.

	Seldom		Occasionally		Often		N/A	Grade level achievement			Achievement according to pupil's ability		
	1	2	3	4	5	6		Above	At	Below	Above	At	Below
Reading											Reading achievement		
1. Understands what he/she reads													
2. Understands what others read													
3. Reads well orally													
4. Has good sight vocabulary													
5. Has good word attack skills													
Mathematics											Mathematics achievement		
1. Knows number facts appropriate to his or her ability													
2. Understands relationship of symbol to amount													
3. Can work "story" and "thought" problems													
4. Attacks mathematics problems logically													
Language											Language achievement		
1. Expresses ideas well orally													
2. Expresses ideas well in written form													
3. Tells stories in sequence													
4. Speaks clearly													

Special Education Local Plan Area SST-01

Request for the Pupil's Study Team's Analysis of a Pupil's Needs—(Continued)

5. What are the pupil's particular strengths? ________________

6. Please describe, briefly but specifically, the pupil's academic or behavioral problems or both: ________________

7. Under what conditions do the problems usually occur? ________________

For Use by the Pupil Study Team or the Principal or Teacher

8. Have adaptations to the regular class program been attempted?
☐ Yes (Attach documentation of the adaptation.) ☐ No (Explain why not.)

____

Program Modifications

9. Other modifications attempted:

- ☐ Schedule into remedial reading.
- ☐ Schedule into remedial mathemathics.
- ☐ Change classroom.
- ☐ If appropriate, change grade level.
- ☐ Adjust length or schedule of school day.
- ☐ Initiate home and school cooperative plan.
- ☐ Refer to English-as-a-second-language program.
- ☐ Refer to School Improvement Program.
- ☐ Refer to Chapter 1, ECIA program.
- ☐ Consult with the school counselor.
- ☐ Confer with parents.
- ☐ Initiate teacher and pupil counseling.
- ☐ Use available community agencies or services.
- ☐ Refer to guidance or school psychologist.
- ☐ Consult with the principal.
- ☐ Consult with other staff, former teachers, nurse, and so forth.
- ☐ Retain the pupil.
- ☐ Other: ________________

Number	Modification	Dates		Results
		From	To	

Dates of pupil study team reviews: ____________ ____________ ____________

☐ Refer for special education assessment. ☐ Do not refer for special education assessment.

Date	Pupil study team chairperson	Principal

Original to: ☐ File Copy to: ☐ Parent ☐ Teacher ☐ Other: ____________

SELPA SST-02

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APPENDIX C

Examples for Modifying Regular Education Programs

The suggestions in this appendix offer varied modifications that teachers can use to increase the effectiveness of the general education program for pupils with severe orthopedic impairments.[1] These suggestions focus on different aspects of the educational experience. This appendix also contains the form, "Documentation of Interventions and Modifications Attempted."

Modifications for the Classroom

These suggestions provide a scope of options for the teacher, school's student study team, or individualized education program team to increase a pupil's success in the classroom.

Classroom Organization and Environment

1. Provide rest periods or additional nutrition breaks.
2. Use cross-age or volunteer tutors or aides.
3. Allow for changes in posture in the wheelchair, lying down, or when using the floor or special equipment.
4. Allow the pupil to start early to go to the next class.
5. Provide a special study area to minimize visual and auditory distraction, such as a learning center or carrels for teaching or study.
6. Relocate the pupils so that they may sit with their backs to a window or near the teacher, or allow special arrangements for seating or standing.
7. Allow more physical space to enable the pupil to move about independently.
8. Modify the illumination in the classroom.
9. Have extra supplies for the pupil, such as pencils, marking pencils, paper, books, and tape.
10. Post schedules for weekly or daily therapy.
11. Provide workspace near electrical outlets when electronic technology is needed, yet do not isolate the pupil from class activity.
12. Locate lesson materials so that they can be physically managed and put away.
13. Adjust table heights to accommodate wheelchairs when necessary.
14. Allow extra workspace for storage of adapted equipment.

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[1] This material was adapted from lists from Marsha Heller, Sarge Kennedy, and Winnie Bachmann.

15. Provide a safe and sensible place to store crutches, canes, and wheelchairs.
16. Place a backpack for extra storage on the side of the pupil's wheelchair.

Methods of Presentation

1. Provide special magnification equipment when needed or materials in large, bold print.
2. Adjust the length of the assignments.
3. Consider the physical and health problems of the pupils, keeping assignments within fatigue levels of the pupil.
4. Clearly define behaviors expected from the pupil.
5. Teach notetaking skills or provide notetakers.
6. Adapt instruction to the pupil's learning style.
7. Vary the volume and tone of the voice and the rate of speech.
8. Vary the size of the instructional group or provide more individual instruction.
9. Regroup pupils according to their levels of skill.
10. Establish frequent eye contact with the pupil.
11. Provide alternatives for independent self-instructional activities for pupils who are physically unable to use the customary methods.
12. Repeat instructions for assignments using different words if the pupil appears not to understand.
13. Provide frequent breaks during activities by alternating listening and visual activities and quiet and physical activities.
14. Re-emphasize main points.
15. Provide immediate, frequent feedback to the pupil.
16. Use a timer to increase the duration of the pupil's focused attention to the task.
17. Use games for learning.
18. Explore new developments in specialized technological equipment, such as adaptive communication, computers, and adapted devices.
19. Wait for pupils to respond to questions when their speech and augmented communication are slow.
20. Require completion of few but representative problems from pupils who write laboriously.
21. Give the pupil notice that he or she will be expected to answer an upcoming problem using an augmented communication device during class recitation.
22. Use materials or books on tape or video.
23. Test, teach, and test to eliminate time spent on information already learned.

Classroom Management

1. Set clear limits and expectations with realistic consequences, positive and negative, allowing the pupil to participate in determining consequences.
2. Allow exceptions to rules as necessary and appropriate.
3. Establish a contract system.
4. Involve the pupil's parents.
5. Ensure consistency of limits and expectations.
6. Provide gradually increasing levels of responsibility for pupils.

Methods of Practice

1. Vary the structure of an assignment; for example, amount of material, time to complete a task, group or individual practice, and teacher-directed or independent practice.
2. Assign several short activities instead of a long one.
3. Include visual presentations of material to be practiced; for example, written instructions, work sheets, outlines, overhead transparencies, filmstrips, and overviews.
4. Use audiovisuals, audiotape, and videotape.
5. Use specialized textbooks, work sheets, workbooks, materials, and equipment.
6. Incorporate concrete teaching materials with the instruction; for example, blocks and counting sticks.
7. Use programmed materials or computer-assisted instruction.
8. Mount, add extensions, and modify materials so that they are easier to handle physically.
9. Prepare lesson materials on the computer so that the pupil using a computer can work on the assignment simultaneously with peers.
10. Use specialized layouts such as material from a page that has been cut and pasted on four separate pages to provide widely spaced exercises for the pupil who cannot perform finely coordinated movements.
11. Use peers in cooperative learning.

Methods of Testing

1. Vary the type of test; for example, reading aloud by the teacher or the student, written, demonstration, recorded on tape, individual conferences, essay, true or false, matching, multiple choice, simplified wording, and color coding or underlining important words or phrases.
2. Vary pupils' responses to tests; for example, written responses, taped answers, typed answers on a computer, single-word responses, responses in complete sentences or in phrases, and knowledge demonstrated in small increments.
3. Vary the structure of the test; for example, given to groups or individuals, amount of information to be tested, and time for completing the test.
4. Give only part of a test on separate days.

Form 4

Documentation of Interventions and Modifications Attempted

Tehama County Special Education Local Plan Area (SELPA)

A Cooperative Activity of the County's School Districts and California Department of Education

Pupil's name: ______________________ Birth date: __________ Age: ________ Sex: ☐ M ☐ F

School: ______________________ Grade: __________ Teacher: _____

California state law, as well as good educational practice, requires that physical and/or curricular modifications of regular and supplemental or categorical education programs be tried before a student is referred for special education services.

Clearly, it is important to try to rule out programmatic factors as primary contributors to a pupil's poor educational performance before an attempt has been made to determine whether or not such a performance is due to a handicapping condition.

This form provides the teacher or pupil study team (PST) with a means of verifying and documenting such interventions and modifications.

Supplemental or Categorical Programs Used	How Long?	Results

Intervention or Modifications Attempted	How Long?	Results

Signatures

(Teacher)	*(PST. Chairperson)*	*(Principal)*
(Date)	*(Date)*	*(Date)*

SELPA REF-02 10/90 Original to: ☐ File Copy to: ☐ Parent ☐ Teacher ☐ Other ______________

APPENDIX D

Selected Legal Requirements

(As of January, 1992)

This appendix contains pertinent sections from legislative codes that apply to the content of this publication. These sections were current as of January, 1992.[1] The purpose of this appendix is to give readers an opportunity to review legislative provisions that concern pupils with severe orthopedic impairments.

Credentialing

Education Code Section 44265.5

(c) Pupils who are orthopedically handicapped shall be taught by teachers whose professional preparation and credential authorization are specific to that handicapping condition. *(Added by Stats. 1982, c. 1334, p. 4886, § 1. Amended by Stats. 1989, c. 388, § 5.)*

Definition of Low-Incidence Disabilities

Education Code Section 56000.5

The Legislature finds and declares that:

(a) Pupils with low-incidence disabilities, as a group, make up less than one percent of the total statewide enrollment for kindergarten through grade twelve.

(b) Pupils with low-incidence disabilities require highly specialized services, equipment, and materials.

Education Code Section 56026.5

"Low-incidence disability" means a severe handicapping condition with an expected incidence rate of less than one percent of the total statewide enrollment in kindergarten through grade twelve. For purposes of this definition, severe handicapping conditions are hearing impairments, vision impairments, and severe orthopedic impairments, or any combination thereof.

Definition of Severely Handicapped

Education Code Section 56030.5

"Severely handicapped" means individuals with exceptional needs who require intensive instruction and training in programs serving pupils with the following profound disabilities: autism, blindness, deafness, severe orthopedic impairments, serious emotional disturbances, severe mental retardation, and those individuals who would have been eligible for enrollment in a development center for handicapped pupils under Chapter 6 (commencing with Section 56800) of this part, as it read on January 1, 1980.

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[1] For more comprehensive treatment of legal requirements, see 20 *United States Code* Section 1401 et seq., 34 *Code of Federal Regulations* Section 300.1 et seq., *Education Code* Section 56000 et seq., *California Code of Regulations, Title 5, Education* Section 3000 et seq.

Guidelines/Technical Assistance/Monitoring

Education Code Section 56136

The superintendent shall develop guidelines for each low-incidence disability area and provide technical assistance to parents, teachers, and administrators regarding the implementation of the guidelines. The guidelines shall clarify the identification, assessment, planning of, and the provision of, specialized services to pupils with low-incidence disabilities. The superintendent shall consider the guidelines when monitoring programs serving pupils with low-incidence disabilities pursuant to Section 56825. The adopted guidelines shall be promulgated for the purpose of establishing recommended guidelines and shall not operate to impose minimum state requirements.

Compliance Assurances/Description and Services in Local Plan

Education Code Section 56200

Each local plan submitted to the superintendent under this part shall contain all the following:

(a) Compliance assurances, including general compliance with Public Law 94-142, Section 504 of Public Law 93-112, and this part.

(b) Description of services to be provided by each district and county office. This description shall demonstrate that all individuals with exceptional needs shall have access to services and instruction appropriate to meet their needs as specified in their individualized education programs.

Local Plan Requirements

Education Code Section 56220

In addition to the provisions required to be included in the local plan pursuant to Section 56200, each special education local plan area that submits a local plan pursuant to subdivision (b) of Section 56170 and each county office that submits a local plan pursuant to subdivision (c) of Section 56170 shall develop written agreements to be entered into by entities participating in the plan. The agreements need not be submitted to the superintendent. These agreements shall include, but not be limited to, the following:

(a) A coordinated identification, referral, and placement system pursuant to Chapter 4 (commencing with Section 56300).

(b) Procedural safeguards pursuant to Chapter 5 (commencing with Section 56500).

(c) Regionalized services to local programs, including, but not limited to, all the following:

(1) Program specialist service pursuant to Section 56368.

(2) Personnel development, including training for staff, parents, and members of the community advisory committee pursuant to Article 3 (commencing with Section 56240).

(3) Evaluation pursuant to Chapter 6 (commencing with Section 56600).

(4) Data collection and development of management information systems.

(5) Curriculum development.

(6) Provision for ongoing review of programs conducted, and procedures utilized, under the local plan, and a mechanism for correcting any identified problem.

(d) A description of the process for coordinating services with other local public agencies that are funded to serve individuals with exceptional needs.

(e) A description of the process for coordinating and providing services to individuals with exceptional needs placed in public hospitals, proprietary hospitals, and other residential medical facilities pursuant to Article 5.5 (commencing with Section 56167) of Chapter 2.

(f) A description of the process for coordinating and providing services to individuals with exceptional needs placed in licensed children's institutions and foster family homes pursuant to Article 5 (commencing with Section 56155) of Chapter 2.

(g) A description of the process for coordinating and providing services to individuals with exceptional needs placed in juvenile court schools or county community schools pursuant to Section 56150.

Policy Adoption

Education Code Section 56221

(a) Each entity providing special education under this part shall adopt policies for the programs and services it operates, consistent with agreements adopted pursuant to subdivision (b) or (c) of Section 56170, or Section 56220. The policies need not be submitted to the superintendent.

(b) The policies shall include, but not be limited to, all of the following:

(5) Transportation, where appropriate, which describes how special education transportation is coordinated with regular home-to-school transportation. The policy shall set forth criteria for meeting the transportation needs of special education pupils.

Staff Development

Education Code Section 56240

Staff development programs shall be provided for regular and special education teachers, administrators, certificated and classified employees, volunteers, community advisory committee members and, as appropriate, members of the district and county governing boards. The programs shall be coordinated with other staff development programs in the district, special education local plan area, or county office, including school level staff development programs authorized by state and federal laws.

Identification

Education Code Section 56300

Each district, special education local plan area, or county office shall actively and systematically seek out all individuals with exceptional needs, ages 0 through 21 years, including children not enrolled in public school programs, who reside in the district or are under the jurisdiction of a special education local plan area or a county office.

Identification and Referral

Education Code Section 56301

Each district, special education local plan area, or county office shall establish written policies and procedures for a continuous child-find system which addresses the relationships among identification, screening, referral, assessment, planning, implementation, review, and the triennial assessment. The policies and procedures shall include, but need not be limited to, written notification of all parents of their rights under this chapter, and the procedure for initiating a referral for assessment to identify individuals with exceptional needs.

Identification Procedures

Education Code Section 56302

Each district, special education local plan area, or county office shall provide for the identification and assessment of an individual's exceptional needs, and the planning of an instructional program to best meet the assessed needs. Identification procedures shall include systematic methods of utilizing referrals of pupils from teachers, parents, agencies, appropriate professional persons, and from other members of the public. Identification procedures shall be coordinated with school site procedures for referral of pupils with needs that cannot be met with modification of the regular instructional program.

Regular Education Program Resources

Education Code Section 56303

A pupil shall be referred for special educational instruction and services only after the resources of the regular education program have been considered and, where appropriate, utilized.

Assessment in Primary Language or Mode of Communication

Education Code Section 56320

(b) Tests and other assessment materials meet all the following requirements:

(1) Are provided and administered in the pupil's primary language or other mode of communication, unless the assessment plan indicates reasons why such provision and administration are not clearly feasible.

Assessment in All Areas Related to Suspected Disability

Education Code Section 56320

(f) The pupil is assessed in all areas related to the suspected disability, including, where appropriate, health and development, vision, including low vision, hearing, motor abilities, language function, general ability, academic performance, self-help, orientation and mobility skills, career and vocational abilities and interests, and social and emotional status.

A developmental history is obtained, when appropriate. For pupils with residual vision, a low-vision assessment shall be provided in accordance with guidelines established pursuant to Section 56136.

Persons Conducting the Assessment

Education Code Section 56320

(g) The assessment of a pupil, including the assessment of a pupil with a suspected low-incidence disability, shall be conducted by persons knowledgeable of that disability. Special attention shall be given to the unique educational needs, including, but not limited to, skills and the need for specialized services, materials, and equipment consistent with guidelines established pursuant to Section 56136.

Assessment Report

Education Code Section 56327

The personnel who assess the pupil shall prepare a written report, or reports, as appropriate, of the results of each assessment. The report shall include, but not be limited to, all the following:

(a) Whether the pupil may need special education and related services.

(b) The basis for making the determination.

(c) The relevant behavior noted during the observation of the pupil in an appropriate setting.

(d) The relationship of that behavior to the pupil's academic and social functioning.

(e) The educationally relevant health and development, and medical findings, if any.

(f) For pupils with learning disabilities whether there is such a discrepancy between achievement and ability that it cannot be corrected without special education and related services.

(g) A determination concerning the effects of environmental, cultural, or economic disadvantage, where appropriate.

(h) The need for specialized services, materials, and equipment for pupils with low-incidence disabilities, consistent with guidelines established pursuant to Section 56136.

Individualized Education Program

Education Code Section 56345

(a) The individualized education program is a written statement determined in a meeting of the individualized education program team and shall include, but not be limited to, all of the following:

(1) The present levels of the pupil's educational performance.

(2) The annual goals, including short-term instructional objectives.

(3) The specific special educational instruction and related services required by the pupil.

(4) The extent to which the pupil will be able to participate in regular educational programs.

(5) The projected date for initiation and the anticipated duration of such programs and services.

(6) Appropriate objective criteria, evaluation procedures, and schedules for determining, on at least an annual basis, whether the short-term instructional objectives are being achieved.

(b) When appropriate, the individualized education program shall also include, but not be limited to, all of the following:

(1) Prevocational career education for pupils in kindergarten and grades one to six, inclusive, or pupils of comparable chronological age.

(2) Vocational education, career education or work experience education, or any combination thereof, in preparation for remunerative employment, including independent living skill training for pupils in grades seven to twelve, inclusive, or comparable chronological age, who require differential proficiency standards pursuant to Section 51215.

(3) For pupils in grades seven to twelve, inclusive, any alternative means and modes necessary for the pupil to complete the district's prescribed course of study and to meet or exceed proficiency standards for graduation in accordance with Section 51215.

(4) For individuals whose primary language is other than English, linguistically appropriate goals, objectives, programs and services.

(5) Extended school year services when needed, as determined by the individualized education program team.

(6) Provision for the transition into the regular class program if the pupil is to be transferred from a special class or center, or nonpublic, nonsectarian school into a regular class in a public school for any part of the schoolday, including the following:

(A) A description of activities provided to integrate the pupil into the regular education program. The description shall indicate the nature of each activity, and the time spent on the activity each day or week.

(B) A description of the activities provided to support the transition of pupils from the special education program into the regular education program.

(7) For pupils with low-incidence disabilities, specialized services, materials, and equipment, consistent with guidelines established pursuant to Section 56136.

(c) It is the intent of the Legislature in requiring individualized education programs that the district, special education local plan area, or county office is responsible for providing the services delineated in the individualized education program. However, the Legislature recognizes that some pupils may not meet or exceed the growth projected in the annual goals and objectives of the pupil's individualized education program.

(d) Pursuant to subdivision (d) of Section 51215, a pupil's individualized education program shall also include the determination of the individualized education program team as to whether differential proficiency standards shall be developed for the pupil. If differential proficiency standards are to be developed, the individualized education program shall include these standards.

Individualized Education Program Implementation

California Code of Regulations, Title 5, Education, Section 3040

(a) Upon completion of the individualized education program, that individualized education program shall be implemented as soon as possible following the individualized education program team meeting.

(c) The individualized education program shall show a direct relationship between the present levels of performance, the goals and objectives, and the specific educational services to be provided.

Prescribed Course of Study and Proficiency Standards

Education Code Section 56345

(b) When appropriate, the individualized education program shall also include, but not be limited to, all of the following:

(3) For pupils in grades seven to twelve, inclusive, any alternative means and modes necessary for the pupil

to complete the district's prescribed course of study and to meet or exceed proficiency standards for graduation in accordance with Section 51215.

(d) Pursuant to subdivision (d) of Section 51215, a pupil's individualized education program shall also include the determination of the individualized education program team as to whether differential proficiency standards shall be developed for the pupil. If differential proficiency standards are to be developed, the individualized education program shall include these standards.

Provisions of Services

Education Code Section 56345

(c) It is the intent of the Legislature in requiring individualized education programs that the district, special education local plan area, or county office is responsible for providing the services delineated in the individualized education program. However, the Legislature recognizes that some pupils may not meet or exceed the growth projected in the annual goals and objectives of the pupil's individualized education program.

Program Options

Education Code Section 56360

Each district, special education local plan area, or county office shall ensure that a continuum of program options is available to meet the needs of individuals with exceptional needs for special education and related services.

Integrated Special Classes/Instruction

Education Code Section 56364.1

Notwithstanding the provisions of Section 56364, pupils with low-incidence disabilities may receive all or a portion of their instruction in the regular classroom and may also be enrolled in special classes taught by appropriately credentialed teachers who serve these pupils at one or more school sites. The instruction shall be provided in a manner which is consistent with the guidelines adopted pursuant to Section 56136 and in accordance with the individualized education program.

Placement

California Code of Regulations, Title 5, Education, Section 3042 (b)

The individualized education program team shall document its rationale for placement in other than the pupil's school and classroom in which the pupil would otherwise attend if the pupil were not handicapped. The documentation shall indicate why the pupil's handicap prevents his or her needs from being met in a less restrictive environment even with the use of supplementary aids and services.

Funding Specialized Books, Materials, and Equipment

Education Code Section 56739

(a) When allocating funds received for special education pursuant to this article, it is the intent of the Legislature that, to the extent funding is available, school districts and county offices shall give first priority to expenditures to provide specialized books, materials, and equipment which are necessary and appropriate for the individualized education programs of pupils with low-incidence disabilities, up to a maximum of five hundred dollars ($500) per pupil with low-incidence disability. Nothing in this subdivision shall be construed to prohibit pooling the prioritized funds to purchase equipment to be shared by several pupils.

(b) Equipment purchased pursuant to this section shall include, but not necessarily be limited to, nonprescriptive equipment, sensory aids, and other equipment and materials as appropriate.

Special Supplies and Equipment

Education Code Section 56822

Sound recordings, large type, and braille books purchased, instructional materials transcribed from regular print into special media, and special supplies and equipment purchased for individuals with exceptional needs for which state or federal funds were allowed are property of the state and shall be available for use by individuals with exceptional needs throughout the state as the board shall provide.

State Hospital Residents: Access to Programs

Education Code Section 56850

The purpose of the Legislature in enacting this chapter is to recognize that individuals with exceptional needs of mandated school age, residing in California's state hospitals for the developmentally disabled and mentally disordered, are entitled to, under Public Law 94-142, the federal Education for All Handicapped Children Act of 1975, and Public Law 93-112, the federal Rehabilitation Act of 1973, the same access to educational programs as is provided for individuals with exceptional needs residing in our communities.

It is the intent of the Legislature to ensure that services shall be provided in the community near the individual state hospitals to the maximum extent appropriate, and in the least restrictive environment.

It is the further intent of the Legislature to ensure equal access to the educational process and to a full continuum of educational services for all individuals, regardless of their physical residence.

Eligibility Criteria: Service Orthopedic Impairment

California Code of Regulations, Title 5, Section 3030

(e) A pupil has a severe orthopedic impairment which adversely affects the pupil's educational performance. Such orthopedic impairments include impairments caused by congenital anomaly, impairments caused by disease, and impairments from other causes.

Civil Rights of Persons in Business Establishments

California Civil Code Section 51

This section shall be known, and may be cited, as the Unruh Civil Rights Act.

All persons within the jurisdiction of this state are free and equal, and no matter what their sex, race, color, religion, ancestry, national origin, or blindness or other physical disability are entitled to the full and equal accommodations, advantages, facilities, privileges, or services in all business establishments of every kind whatsoever.

This section shall not be construed to confer any right or privilege on a person which is conditioned or limited by law or which is applicable alike to persons of every sex, color, race, religion, ancestry, national origin, or blindness or other physical disability.

Rights Concerning Transportation, Accommodations, and Facilities

California Civil Code Section 54.1

(a) Blind persons, visually handicapped persons, deaf persons, and other physically disabled persons shall be entitled to full and equal access, as other members of the general public, to accommodations, advantages, facilities, and privileges of all common carriers, airplanes, motor vehicles, railroad trains, motor buses, streetcars, boats, or any other public conveyances or modes of transportation, telephone facilities, hotels, lodging places, places of public accommodation, amusement or resort, and other places to which the general public is invited, subject only to the conditions and limitations established by law, or state or federal regulation, and applicable alike to all persons.

(b)(5) As used in this subdivision, "service dog" means any dog individually trained to the physically disabled participant's requirements including, but not limited to, minimal protection work, rescue work, pulling a wheelchair, or fetching dropped items.

Right to Be Accompanied by a Guide Dog

California Civil Code Section 54.2

(a) Every totally or partially blind person, or deaf person, or person whose hearing is impaired, or physically handicapped person shall have the right to be accompanied by a guide dog, signal dog, or service dog, especially trained for the purpose, in any of the places specified in Section 54.1 without being required to pay an extra charge for the guide dog, signal dog, or service dog. However, the person shall be liable for any damage done to the premises or facilities by his or her dog.

(b) Persons licensed to train guide dogs for the blind pursuant to Chapter 9.5 (commencing with Section 7200) of Division 3 of the *Business and Professions Code* and persons authorized to train signal dogs for the deaf and hearing impaired, and service dogs for the physically disabled may take dogs, for the purpose of training them as guide dogs, signal dogs, or service dogs in any of the places specified in Section 54.1 without being required to pay an extra charge for the guide dog, signal dog, or service dog. However, the person shall be liable for any damage done to the premises or facilities by his or her dog.

These persons shall carry and display identification if issued as an authorization, upon request.

(c) As used in this section, the terms "guide dog," "signal dog," and "service dog" have the same meanings as specified in Section 54.1.

Discrimination Prohibited

Section 504 of the Rehabilitation Act, 34 CFR Section 104.4

(a) General. No qualifed handicapped person shall, on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives or benefits from federal financial assistance.

(b) Discriminatory actions prohibited. (1) a recipient, in providing any aid, benefit, or service, may not, directly or through contractual, licensing, or other arrangements, on the basis of handicap:

(i) Deny a qualified handicapped person the opportunity to participate in or benefit from the aid, benefit, or service.

(ii) Afford a qualified handicapped person an opportunity to participate in or benefit from the aid, benefit, or service that is not equal to that afforded others.

(iii) Provide a qualified handicapped person with an aid, benefit, or service that is not as effective as that provided to others.

APPENDIX E

Procedures and Guidelines for Health Care

Appendix E contains essential steps and key points and precautions for pupils with severe orthopedic impairments who may need a brace, cane, cast, crutches, prosthesis, scooter board, walker, or wheelchair. Guidelines are also presented for classroom cleanliness, diapering, handwashing, and gloving.

Brace

Definition: An appliance used to support a body part; an orthesis

Purposes: To protect weakened muscles, to prevent and correct deformities, to contain involuntary muscle movements, to immobilize and protect a diseased or injured joint, and to provide support

Essential steps	*Key points and precautions*
At the start and end of the school day, observe the pupil with a brace. **Listen** when a pupil complains of a pain caused by a brace.	Consult with the orthopedist, physician, or physical therapist.
Inquire whether the brace can be removed at school.	If the brace cannot be removed at school, you will have to notify the parents of your concerns. The parents will follow up.
Examine the skin under the brace for:	If authorized by the parents, orthopedist, physician, or physical therapist, remove the brace and skin covering.
No redness	Replace the brace as needed. Be sure that the socks are **not wrinkled.**
A large area of redness on well-padded skin	This condition is probably all right unless the area is very red.
A small area of redness over a bony prominence	Leave the brace off for 20 to 30 minutes.
Persistent redness over a bony prominence	Notify the parents if redness lasts more than 30 minutes
Blister or skin breakdown	Do not use the device; notify the physician and parents.
Examine the brace itself for:	
Deterioration	Note worn areas, the condition of straps and buckles, and missing or loose screws.
Fit of the pupil's shoes	Look at the condition of the heels and soles, the fit in general, and the length. Check whether the pupil is wearing socks that are too small.

Brace (Concluded)

Essential steps	*Key points and precautions*
Breaks	Look for cracks in the plastic and dents in the metal.
Cleanliness	Remind the pupil or parent to clean the brace at night, particularly if the pupil is incontinent.
Check for obvious poor alignment to determine:	
Alignment with the pupil's anatomy	Look down the full length of the brace. The mechanical joints should match the body's joints.
Whether the brace does what it is supposed to do	Know why a brace is being used. Observe the pupil in action to determine whether he or she is able to achieve this function; if not, determine why not. Refer to the pupil's health care action plan.
Determine the ability of the staff and pupil to manage the brace.	
Don (to put on)	Watch the pupil put the brace on; make sure that the skin is clean and dry and protected with a stocking, stockinette, T-shirt, or other covering.
Doff (to take off)	Watch the pupil remove the brace; pay attention to the skin.
Storage for the brace	Make sure that the brace is out of the way, but accessible, not hung.
Care for and repair of the brace	Make sure that the pupil keeps the brace away from heat and agents that could damage it.
Assess the pupil's ability to manage with a brace.	
Has the pupil's functioning changed over time? Are the pupil's activities appropriate for his or her abilities?	Has the pupil's condition improved, deteriorated, or remained the same?
Document on the pupil's health record or treatment log an account of your care of the pupil with a brace. Notify the parents or physician or both if you have concerns.	Record the date and time, your assessment, your actions, the pupil's actions and reactions and any problems.

Cane

Definition: A device used as an aid in walking

Purposes: To lessen the force on weight-bearing joints, to give lateral balance while walking, and to achieve forward restraint during ambulation

Equipment: No additional equipment is needed.

Essential steps	*Key points and precautions*
If the school has more than one story, arrange for the pupil to have an elevator pass.	Having the pupil use an elevator, if available, lessens the possibility of injury to the pupil and others.
Check the following safety points:	
1. Make sure that rubber cane tips are in good repair.	Teach the pupil to check the tips. The tips should be wide and provide good suction; replace them promptly if they become worn.
2. Check screws and nuts often that are used in specialized canes.	These fasteners loosen with hard use.
3. Have a designated accessible place in the classroom for the cane.	A cane could be a safety hazard for other pupils and staff.
4. Keep the pupil's hands free to maneuver the cane.	Use a backpack to carry materials.
5. Arrange for the pupil to leave each class five minutes early, if necessary.	This arrangement enables the pupil to be out of the hall during regular passing periods, but it could decrease a pupil's chances to make social contacts. Use this procedure judiciously.

Cast

Definition: A solid mold of a part of the body usually applied directly to the involved part

Purpose: To immobilize the body part in the desired anatomical position

Essential steps	*Key points and precautions*
At the start and end of each school day, observe the pupil with a cast.	
Examine the limb(s) above and below the cast for:	
Skin color	Compare this area with other parts of the body affected by the cast. The color of the skin in that area should be the same as that of the rest of the body.
Capillary refill	Press the nailbed firmly; then quickly release it. The nail should turn pink again immediately. Compare the response in the matching limb.
Skin temperature	Should be warm and the same as that of the matching limb
Bruising	Should be none or lessening
Movement of the digits	The fingers should move as well as they had on the previous day.
Drainage	A spot of drainage on the cast means that a wound has drained enough to soak through. Report this condition to the school nurse or parents.
Odor	A foul odor means trouble inside the cast, such as an opened wound, or pressure sore. Report these conditions to the school nurse or parents.
Examine the condition of the cast itself for:	
Intact surface	Look for cracks, dents, or chips. Report new ones to the school nurse or parents.
Hardness	Check for soft spots from moisture or other sources. If soft spots are present, report them to the school nurse or parents.
Edges	Make sure that the edges of the cast are not sharp or crumbly. The cast may have petals of waterproof adhesive tape.
Objects inside the cast	Pull the skin taut; use a flashlight to look under the cast if the pupil complains of pain or irritation. **Never put anything down inside a cast.**
Determine whether the cast is working as intended.	
Is there movement of the body within the cast?	**Notify the parent or physician or both** if the cast has deteriorated or become so loose that the body part is no longer immobilized.

Cast (Concluded)

Essential steps	*Key points and precautions*
Can the pupil maintain an appropriate activity level?	Note whether the pupil is able to function adequately despite the cast.
Ask the pupil how he or she feels regarding:	
Pain	Report to the school nurse or parent if the pupil has indicated being in pain from the cast.
Pressure	Report to the school nurse or parent if the pupil has indicated feeling pressure within the cast.
Sensation	Report to the school nurse or parent if the pupil has indicated feeling numbness and tingling within the cast.
Fever	Report to the school nurse or parent if the pupil has a fever.
Itching	This symptom may be relieved by blowing cool air under the cast with a hair dryer or an asepto syringe or by tapping the outside of the cast.
Diet	Encourage good nutrition for healing, and have the pupil drink lots of fluids. Keep food out of the cast.

Crutches

Definition: A crutch is a support used as an aid in walking; it is most often used in pairs.

Purposes: To promote mobility and independence and to prevent injury to an affected limb

Equipment: Adjustable crutches, rubber crutch tips, axillary arm pads

Essential steps	*Key points and precautions*
Check whether the crutches are labeled with the pupil's name.	
If the school building has more than one story, arrange for the pupil to have an elevator pass.	Having the pupil use an elevator, if available, lessens the possibility of injury to the pupil and others.
Check and teach the pupil to perform the following safety points:	
1. Make sure that rubber crutch tips are in good repair.	The tips should be wide and provide good suction; replace them promptly if they become worn.
2. Check screws and nuts often.	These fasteners loosen with hard use.
3. Have a designated accessible place in the classroom for the crutches.	Crutches could be a safety hazard for other pupils and staff.
4. Keep the hands free to handle the crutches.	Use a backpack to carry materials.
5. Arrange for the pupil to leave each class five minutes early.	This arrangement enables the pupil to be out of the hall during regular passing periods, but it may decrease the pupil's opportunities to make social contacts. Use this procedure judiciously.

Prosthesis

Definition: An artificial replacement for a missing portion of the body

Purposes: To replace a missing body part, to foster independence, and to aid development and self-care

Essential steps	*Key points and precautions*
At the start and end of the school day, observe the pupil with a prosthesis.	
Learn the reason for the prosthesis.	Trauma, birth defect, illness, or other circumstances may be the reason.
Learn about the specific prosthesis.	Consult with the physician, therapist, prosthetist, pupil, or parent. Read literature from the manufacturer.
Share what you have learned with appropriate school staff.	Respect the pupil's confidentiality; make sure that staff members have the information they need to help the pupil.
Determine whether the prosthesis can be or should be removed at school.	Review the pupil's health care action plan and the physician's orders.
If the prosthesis cannot be removed at school, notify the parents about your concerns.	Parents will follow up at home.
Examine the skin covered by the prosthesis for:	If there is a concern and if the procedure is permitted, remove the prosthesis and material protecting the skin.
No redness	Replace the prosthesis as needed. Make sure that the protective coverings are **not wrinkled.**
A large area of redness on well-padded skin	This condition is probably all right unless the area is very red.
A small area of redness over a bony prominence	Leave the prosthesis off for 20 to 30 minutes.
Persistent redness over a bony prominence	Notify the parents if redness lasts more than 30 minutes.
Blister or skin breakdown	Do not use the device; notify the physician and parents.
Examine the prosthesis itself for:	
State of repair	
Cleanliness	
Odor	

Prosthesis (Concluded)

Essential steps	*Key points and precautions*
Determine the staff members' and pupil's abilities to manage the prosthesis.	
Don (to put on)	Check the skin of the limb. Apply a stockinette before putting on the prosthesis. Align the prosthesis properly. **Make sure that the protective coverings are not wrinkled.**
Doff (to take off)	Remove the prosthesis for showers and swimming. Follow the pupil's health care action plan.
Gait or function or both and fit	Observe the prosthesis in use.
Assess the pupil's ability to manage with a prosthesis.	
How does the pupil tolerate the prosthesis?	Does the pupil wear the prosthesis regularly?
What is the pupil's level of activity and involvement in school?	Does the pupil participate at the level of his or her ability?
What are the pupil's short-term and long-term goals?	
Document on the pupil's health record or treatment log your care of the pupil with a prosthesis. Notify the parents or physician or both of your concerns.	Record the date and time, your assessment, your actions and reactions, and any problems.

Scooter Board

Definition: A four-wheeled, hand-propelled mobility device for prone (flat on abdomen) movement of a pupil in a cast. This device is for a pupil with a weakness in the trunk or extremeties.

Purposes: To encourage extension of the trunk and neck, to start weight bearing on the hands, to strengthen the arm muscles, and to assist the pupil with learning to crawl

Equipment: As ordered to fit the pupil

Essential steps	*Key points and precautions*
Verify the need for the pupil to use a scooter board at school.	
Place the pupil on the scooter board as directed by the physician or physical therapist. Fasten any safety straps.	
Observe the pupil's ability to move independently.	
Change the pupil's position frequently.	Changes should be made at least every two hours.
Teach the following safety points:	
1. Use a scooter board on a flat surface only.	A scooter board is not safe on an incline or stairs.
2. Use a scooter board primarily in the classroom or gymnasium.	A scooter board is not safe in the halls.
3. Ensure that the pupil provides his or her own mobility.	Other pupils are not to push or pull the pupil.
4. Store the scooter board, with the casters facing out, against the wall when this device is not in use.	Other pupils will not be tempted to use the scooter board as a giant skateboard.

Walker

Definition: A framework used to support a convalescent or disabled pupil while he or she is walking

Purposes: To provide more stability than either a cane or crutches can and to enable the pupil to begin ambulation

Equipment: As prescribed

Essential steps	*Key points and precautions*
Do not allow the pupil to use the walker on stairs.	The walker cannot safely be used on stairs and inclines.
Arrange for the pupil to have a pass to use the school elevator.	In schools without an elevator, the pupil may need to have all classes on the ground floor.
Check (and teach the pupil to check) the following safety points:	
1. Make sure that rubber walker tips are in good repair.	The tips should be wide and provide good suction. Replace them promptly if they become worn.
2. Check screws and nuts often.	These fasteners loosen with hard use.
3. Have a designated accessible place for the walker in the classroom.	A walker could be a safety hazard for other pupils and staff.
4. Keep the hands free to maneuver the walker.	Use a backpack to carry materials.
5. Arrange for the pupil to leave each class five minutes early.	This arrangement enables a pupil to be out of the hall during regular passing periods, but it may decrease a pupil's opportunities for socialization. Use this procedure judiciously.

Wheelchair

Definition: A chair mounted on a frame with two large wheels in back and two smaller wheels in front for use by an ill or disabled individual

Purposes: To transport a pupil who cannot or should not walk and to provide mobility and independence for a nonambulatory individual

Equipment: As ordered

Essential steps	*Key points and precautions*
Teach the following safety points for wheelchairs :	
1. Regularly check the rear wheels for movement with the brakes locked.	Brakes become ineffective when they are out of alignment. Fix them.
2. Make sure that the seatbelt is fastened.	Ask for assistance if needed.
3. Make sure that both feet are on the footrests.	Ask for assistance if needed.
4. Be sure that the arms and legs are within the width of the chair when the wheelchair is going through a doorway.	
5. Always lock the brakes when the wheelchair is stopped.	Follow this procedure even if the wheelchair is empty.
6. Always push the wheelchair at a walking speed. **Do not hot rod!**	Take extra caution on gravel, grass, or uneven ground because the front wheels can get stuck, making the wheelchair tip forward.
7. Never tilt the wheelchair way back, turn sharply, or stop too rapidly.	
8. Move a wheelchair from the back when going down ramps and curbs.	Be sure that both wheels go over the curb together so that the wheelchair does not tip.
9. Push a wheelchair forward when going up ramps and curbs.	Tip the wheelchair back just enough for the front wheels to clear the curb.
10. Always hold on to the wheelchair when pushing it.	
11. Arrange for the pupil to leave each class five minutes early.	This arrangement enables the pupil to be out of the hall during regular passing periods, but it may decrease the pupil's opportunities for social contacts. Use this procedure judiciously.

Guidelines for Classroom Cleanliness

Purpose: To prevent the transmission of infectious diseases in the classroom

Equipment:
1. Smock (large blouse or shirt to cover street clothes)
2. Covered waste receptacles with disposable plastic bags
3. Plastic bags that can be labeled and sealed for soiled laundry
4. Disposable plastic gloves (medium or large size, nonsterile)
5. Disinfectant
6. Liquid soap and dispenser
7. Washer and dryer (if disposable linens are not available)
8. Dishwasher (if disposable eating utensils are not available)

Need:
1. To maintain cleanliness for food service
2. To maintain cleanliness of the classroom, furniture, and equipment
3. To protect against the spread of infectious diseases

Essential steps	*Key points and precautions*
Wash hands frequently.	See "Guidelines for Handwashing."
Avoid rubbing or touching your eyes.	
Refrain from kissing pupils.	
Wear a smock.	
1. Use a clean smock each day.	Smocks should be laundered in the facility's washer and dryer, if available, so that contaminated clothing is not brought into the home environment.
2. Always hang the smock right side out when you are leaving the work area for breaks or lunch.	This practice ensures that the side of the smock worn next to your clothing will remain clean.
If there are open cuts, abrasions, or weeping lesions on your hands, wear disposable plastic gloves.	Open skin areas provide entry points for infection.
1. Use a new pair of gloves in each situation in which handwashing is indicated.	Keep fingernails clean and trimmed short.
2. Discard used gloves in a plastic bag in a covered waste receptacle.	Wear gloves when you are cleaning up vomitus, bodily secretions, and blood.
Store and handle clean clothing and linens separately from soiled clothing and linens.	When clothing and linens have been moved from the clean storage area, they are considered to be soiled.
1. Immediately place each pupil's soiled clothing in an individually labeled plastic bag, which is to be sealed and sent home at the end of each day.	

Guidelines for Classroom Cleanliness (Continued)

Essential steps	*Key points and precautions*
2. Immediately place all soiled school linens in a plastic bag in a covered waste receptacle. Launder linens daily.	Because students may be undiagnosed carriers of infectious disease, all soiled articles should be treated as if they were contaminated.
Use specific techniques for handling food and utensils during preparation, serving, storage, and cleanup:	
1. Maintain a clean area of the kitchen for serving food.	Food, clean dishes, and utensils should be stored in a clean storage area.
2. Maintain a separate area of the kitchen for cleanup.	Because students may be undiagnosed carriers of infectious diseases, all leftover food, dishes, and utensils should be treated as if they were contaminated.
3. Scrape food from soiled dishes and/or place disposable dishes in a plastic-lined, covered waste receptacle.	**Never** change or toilet pupils in the classroom near food preparation or eating areas.
4. Pour liquids into the sink drain.	Prerinsing of dishes removes food particles which might remain if the dishes were placed directly in the dishwasher.
5. Rinse dishes and utensils with warm water before placing them in the dishwasher.	Wash dishes in warm, soapy water; then soak them for one minute in a hypochlorite-rinse solution (one tablespoon liquid chloride bleach to each gallon of water).
6. Clean sinks, countertops, tables, chairs, trays, and any other areas where foods or liquids have been discarded or spilled; use an approved disinfectant.	Dishes should be dry before they are stored.
7. Wash hands prior to removing clean dishes from the dishwasher and storing them in a clean area of the kitchen.	
Use specific housekeeping techniques for storing, cleaning, and disposing of classroom equipment, supplies, and other items.	
1. Immediately after use, discard any soiled *disposable* items by placing them in a plastic bag in a covered waste receptacle.	
2. Store each student's personal grooming items (comb, brushes, or toothbrushes) separately.	For toothbrushes to be thoroughly air-dried after each use, they must be stored in separate holders that allow *direct* air contact. Do not share personal items such as combs, lipsticks, or toothbrushes.

Guidelines for Classroom Cleanliness (Concluded)

Essential steps	*Key points and precautions*
3. In handling disposable diapers, at least once a day, seal and discard the disposable plastic bag used to line the covered receptacle.	
4. Store and wash cloth diapers separately from other linens. At least once a day, seal and discard the soiled plastic bag used to line the covered waste receptacle.	
Use an appropriate disinfectant for all cleaning procedures.	
1. After each use, wash and air-dry gloves worn while a disinfectant is used.	
2. Clean classrooms, bathrooms, the kitchen, floors, sinks and faucet handles, cabinet drawers and handles, and door knobs daily.	
3. Clean protective floor pads, bolsters, and wedges after each nonambulatory student has been removed and at the end of each day.	
4. Clean all equipment and toys at the end of each day.	Toys and equipment that cannot be readily disinfected should not be used or should be provided for the exclusive use of individual students.
5. Wash toys and mats frequently with a bleach solution.	Leave disinfectant on the soiled area for the prescribed time before rinsing the area with clear water. Because wet disinfectant may cause a contact dermatitis, staff and students should avoid the area until it is rinsed and dry.
6. If a rug or carpet becomes soiled, **clean it immediately.** Vacuum rugs and carpets daily.	
7. Arrange for furniture to be cleaned regularly.	
8. Clean changing tables, bathtubs, sinks, portable potties, walls behind sinks and toilets, and toilet seats after each use. **Rinse with clear water and wipe dry.**	Rinsing and drying are essential to prevent contact with wet disinfectant, which may cause dermatitis.

Guidelines for Diapering

Purpose: To avoid cross-contamination when diapering

Equipment:

1. Changing table with a safety belt
2. Supplies (soap, water, cotton balls or soft tissue, or wet disposable wipes) for cleaning the pupil's skin
3. Plastic bags for the pupil's soiled clothing
4. Large disposable towels
5. Covered waste receptacle lined with disposable plastic bags for disposable diapers
6. Covered receptacle lined with disposable plastic bags for soiled cloth diapers
7. Plastic bag ties or masking tape for sealing disposable plastic bags at time of discard
8. Disposable plastic gloves (medium or large size, nonsterile)
9. Disinfectant for cleaning changing table

Protocol for Diapering

Essential steps	*Key points and precautions*
Put on disposable gloves.	
Before beginning a procedure, place all materials to be used in a convenient, close location.	Materials include disposable diaper, large disposable towel, plastic bag, wet wipes, and plastic gloves.
Place the pupil on a clean table.	Do not leave the pupil unattended.
Place the pupil on a changing table with his or her buttocks on a large disposable towel.	The safety belt must be around the pupil and above the umbilicus. Never leave the pupil unattended on a changing table.
If other clothing is soiled, remove it and place it directly in an identifiable plastic bag that can be secured and sent home at the end of the day.	
Place the pupil's clothing above the umbilicus area before changing a diaper.	Use disposable gloves if a child has had a bowel movement or is menstruating.
Loosen the diaper and wash the perineal area using wet wipes only once, washing from vaginal area to rectal area (for girls).	This procedure helps to protect the vaginal or bladder areas from fecal infection.
Raise the pupil's legs, remove the diaper; then wash the buttocks area.	After washing the buttocks, place the soiled diaper in a plastic bag and discard it in a waste container. Ointments and powders are used only when authorized and provided by the parent.
Remove the dry towel under the buttocks and discard it.	If gloves are worn, remove them before you handle a clean diaper. Dispose of gloves in a covered receptacle lined with a plastic bag.
Rinse and dry the pupil's skin before applying a clean diaper.	Wash your hands before you touch the child or a clean diaper.

Guidelines for Classroom Cleanliness (Concluded)

Essential steps	*Key points and precautions*
Wash the pupil's hands if necessary and return the pupil to class.	Abnormal conditions may be: 1. Blood or streaks of blood on the diaper 2. Watery, liquid stool 3. Mucus or pus in the stool 4. Clay-colored stool 5. Skin rashes, bruises, or breaks in the skin
Report abnormal conditions to the appropriate person.	
Return to the changing table and wash the table top with disinfectant, rinse, and dry.	
Wash your hands before returning to the classroom.	

Handwashing

Definition: Cleansing the hands by the action of soap, water, and friction

Purposes: To reduce the number of disease-causing organisms on the hands and to prevent the spread of infectious diseases

Equipment: Sink with hot and cold running water, liquid soap in a dispenser, brush or orangewood stick, paper towels, lotion, plastic-lined waste container

Essential steps	*Key points and precautions*
Handwashing should be done by everyone, including the pupil, before and after any physical contact with the pupil; before and after wearing disposable gloves; before and after handling equipment; before eating; after handling any bodily fluids; and before and after going to the bathroom.	Review the physician's orders and the pupil's health care action plan for any special precautions.
Gather the needed equipment at the sink.	
Remove all jewelry.	Jewelry should not be worn when you are working with pupils who require repeated physical contact and care. Microorganisms can become lodged in settings or stones of rings.
Wet hands with warm, running water.	Warm water combined with soap makes better suds than does cold water. Hot water removes protective oils and will dry the skin. Running water is necessary to carry away dirt and debris.
Apply liquid soap and lather well.	Liquid soap is preferred to bar soap. Bacteria grow on bar soap and in soap dishes.
Wash all surfaces of your hands and fingers; wash at least two inches above your wrist.	Keep your fingertips pointed downward and your hands lower than your elbows to prevent microorganisms from contaminating your arms from backflow.
Wash your hands, using a circular motion and friction, for 15 to 30 seconds.	Include the front and back surfaces of your hands, between your fingers and knuckles, around your nails, and the entire wrist area. Avoid harsh scrubbing to prevent skin breaks.
Rinse your hands well under warm, running water.	Hold your hands under the water so that the water drains from the wrist area to your fingertips.
Repeat the preceding three steps.	All remaining bacteria and soil should now be removed.
Wipe the surfaces surrounding the sink with a clean paper towel.	Clean and dry surfaces deter the growth of microorgansims.
Discard the paper towel into the waste container.	Avoid touching the container.

Handwashing (Concluded)

Essential steps	*Key points and precautions*
Dry your hands gently and thoroughly with paper towels. Discard towels immediately.	Because of frequent handwashing, it is important to dry gently and thoroughly to avoid chapping. Chapped skin breaks open, thus permitting bacteria to enter the system.
Use a paper towel to turn off the water.	
Discard used paper towels into a waste container.	Avoid touching the container.
Apply lotion as desired.	Lotion keeps skin soft and more resistant to bacteria.
On the specialized health care services log, document that you have washed your hands or those of a pupil.	Routine recording of routine handwashing is not necessary.

Gloving

During the work day the staff who provide health care may come in contact with pupils and other staff members who are ill, in the incubation period of a disease, or carriers of a disease. Illness is not apparent in persons who are in the incubation period or carriers because they are not ill. Therefore, extraordinary precautions are needed to prevent the remote and unlikely possibility of transmitting hepatitis B, cytomegalovirus (CMV), herpes, or AIDS/HIV infection in the school setting.

One way to protect yourself is to wear gloves when you are cleaning vomitus, body secretions, blood, and other contaminates. Your skin may have microscopic breaks of which you are unaware. They can provide the entry point for organisms to enter your body.

Use gloves only once and for only one pupil and then discard them. To remove a glove, grasp the cuff and then strip the glove off by turning it inside out. Dispose of the gloves in double plastic bags, which should be sealed with masking tape and placed in a covered waste receptacle.

Be sure to wash your hands with soap and water immediately after removing your gloves because germs multiply rapidly inside gloves. Dry your hands well with paper towels and immediately discard the towels.

Gloves that are worn when disinfectant is being used to clean toys, equipment, floors, and counter surfaces that may be contaminated must be washed and air-dried after each use. The gloves must be stored in the area reserved for soiled articles in the room where they are being used.

Resources for Technical Assistance

This list of resources shows where information may be obtained about specific needs of orthopedically impaired students. Also appearing is a list of postsecondary institutions offering programs to prepare teachers of these pupils with severe orthopedic impairments.

California Department of Education

For information about identification, assessment, instruction and services, curriculum, public school programs, private schools and agencies, directories, funding, legal requirements, and monitoring, contact the following services provided by the Special Education Division, California Department of Education. The mailing address for all units in the California Department of Education is P. O. Box 944272, Sacramento, CA 94244-2720.

Program Assistance and Compliance Resolution Unit
Special Education Division
721 Capitol Mall
Sacramento, CA 95814
(916) 657-3513

Information specific to orthopedically impaired students is available from:

Policy Services Unit
Special Education Division
721 Capitol Mall
Sacramento, CA 95814
(916) 657-2692

Information about curriculum framework, core curriculum, and instruction is available from:

Curriculum, Instruction, and Assessment Division
721 Capitol Mall
Sacramento, CA 95814
(916) 657-3351

For information about adapted equipment, special materials, and technology, contact:

Clearinghouse for Specialized Media and Technology
621 J Street
Sacramento, CA 95814
(916) 445-5103

(Do not send mail to the location on J Street.)

Mailing address:
P.O. Box 944272
Sacramento, CA 94244-2720

Commission on Teacher Credentialing

For information about credentials, contact:

Commission on Teacher Credentialing
1812 Ninth St.
Sacramento, CA 95814-7000
(916) 445-7254

Institutions for Teacher Preparation

For information about preparation for teachers of pupils with severe orthopedic impairments, contact:

School of Education
University of San Diego
Alcala Park
San Diego, CA 92110
(619) 260-4538

California State University, Los Angeles
Department of Special Education
5151 State University Drive
Los Angeles, CA 90032
(213) 343-4400

Fresno Pacific College
Teacher Education
1717 S. Chesnut Ave.
Fresno, CA 93702
(209) 453-2053

San Diego State University
Department of Education
5300 Campanile Dr.
San Diego, CA 92182
(619) 594-2637

San Francisco State University
Department of Special Education
1600 Holloway
San Francisco, CA 94132
(415) 338-2501

APPENDIX G

Larry P. Litigation: Directive to State Special Educators

This directive from Superintendent of Public Instruction Bill Honig on December 13, 1986, is intended to reconfirm the Federal Court's 1979 decision and to implement another order of the Court.

The proper purpose of this notice is to clarify the use of I.Q. tests in the assessment of black pupils for special education services.

School districts are not to use intelligence tests in the assessment of black pupils who have been referred for special education services.

In lieu of I.Q. tests, districts should use alternative means of assessment to determine identification and placement. Such techniques should include, and would not be limited to, assessments of the pupil's personal history and development, adaptive behavior, classroom performance, academic achievement, and evaluative instruments designed to point out specific information relative to the pupil's abilities and inabilities in specific skill areas.

The complete prohibition against using I.Q. tests for identifying or placing black pupils in special education means that parents of black pupils shall not be asked whether they want to consent to the use of such tests. An I.Q. test may not be given to a black pupil even with parental consent. Moreover, when a school district receives records containing test protocols from other agencies such as regional centers, out-of-state school districts, military facilities, or independent assessors, these records shall be forwarded to the parent. I.Q. scores contained in the records shall not become a part of the pupil's current school record.

There are no special education related purposes for which I.Q. tests shall be administered to black pupils. The following reasons are *not* permissible justifications for the administration of an I.Q. test to a black pupil:

1. As part of a comprehensive educational plan to which a parent has consented
2. To gain diagnostic information
3. To develop goals and objectives
4. To determine a special education pupil's educational needs
5. To develop a pupil's strengths and weaknessess as elicited by the I.Q. test

Further, I.Q. tests shall not be used to determine whether a black pupil is learning disabled, because it is possible that the resulting score could subsequently result in the pupil's being identified as mentally retarded.

The California Department of Education is aware that districts do not place or identify pupils on the basis of I.Q. scores only. However, the prohibition on I.Q. tests goes further and prohibits *any* use of an I.Q. test as part of an assessment which could lead to special education placement or services, even if the test is only part of a comprehensive assessment plan.

The prohibition on I.Q. testing applies even though pupils are no longer placed in special day classes designated as "E.M.R."

This directive supersedes all previous notices as to the meaning and effect of the Court's decision in *Larry P.* v. *Riles*. Specifically, the following previous statements, guidelines, or interpretations are superseded by this directive:

Department Policy on the use of I.Q. tests, SDE-OSE, July 10, 1979, Gordon Duck; "Implementation of 'Larry P.' Court Decision," Robert W. Garten, August 20, 1980; "Assessment: Certain Tests for Pupils Who May Be Mentally Retarded: PSU Policy Research Paper," 4/11/82; Letter, Betty Hanson and Gerald Miller to Irv Sobel and Al Casler, August 26, 1982; "A Manual for the Determination of a Severe Discrepancy as Defined by Title 5, CAC, Section 3030(j)," SDE-OSE, 1983; "Guidelines for Reviewing the Use of I.Q. Tests," SDE Service Assurance/ Compliance Unit, September 11, 1985.

A review of a district's use of I.Q. tests in compliance with this directive shall be part of the Coordinated Compliance Monitoring Review process.

Glossary

The purpose of this glossary is to define terminology used by those working with pupils with severe orthopedic impairments. These terms apply to the areas of special treatment, medication, and services for these pupils as well as to the nature of certain disabilities.

Abnormal gait—A manner of walking that deviates from the norm for a particular developmental age.

Adapted physical education—A diversified program of developmental activities, physical fitness games, sports, or rhythms suited to the needs, interests, capacities, and limitations of students who may not safely or successfully engage in unrestricted participation in the vigorous activities of the general physical education program.

Adaptive behavior—A combination of the coping skills, appropriate or inappropriate, that the pupil has developed to function within his or her environment.

Apgar score—A scoring system of five factors (heart rate, respiration, muscle tone, reflex irritability, and color) to evaluate an infant's condition and to identify infants who are at special risk at one minute and at five minutes after birth.

Augmented communication system—The use of an alternative communication system by any pupil who is unable to use oral speech.

Cathetertization—The procedure for draining urine from the bladder by the insertion of a tube through the urethra (the opening through which urine exits).

Cerebral palsy—A condition manifested by muscular incoordination and speech disturbances as a result of damage to the brain. This condition is nonprogressive and occurs in infancy and childhood.

Colostomy—A temporary or permanent opening of the colon through the abdominal wall. The surgical creation of a new opening of the colon on the surface of the body.

Congenital anomalies—Defects or abnormalities existing at birth.

Convulsion—Involuntary muscular contractions and relaxation; a seizure is a sudden attack (used synonymously).

Cutaneous—Pertaining to the skin.

Dysfunction—Abnormal or incomplete function.

Functional ability—The ability to carry out daily living skills, such as feeding, dressing, transferring, mobility, and so forth.

Gavage feeding—A means of providing food (feeding) via a tube passed through the nose or mouth past the pharynx, down the esophagus, and into the stomach.

Head trauma—Any injury to the head that results in a significant disturbance of the body's functions.

Indirect assessment—Unobtrusive measurement.

Kinesthesia—The sense of movement, position sense, muscle-joint-tendon sense, or sense of perception of movement.

Mobility—The ability to move from one place to another.

Muscle tone—The resistance of a muscle to stretch. In a physically disabled pupil, the tone may decrease or increase when the muscle is at rest.

Muscular dystrophy—A genetic degenerative disease marked by progressive shrinking and wasting of skeletal muscles.

Nonepisodic condition—A chronic, ongoing condition.

Occupational therapy—The evaluation, diagnosis, and treatment of problems interfering with the functional performance of persons impaired by physical disability, enabling them to achieve their optimum functioning.

Ostomy—A surgically formed artificial opening that serves as an exit site for waste products from the bowel or intestine to the outside of the body.

Ostomy care—The procedure for changing and/or emptying an open-ended ostomy pouch. A change of pouch at school should be necessary only occasionally to control leakage.

Paneled California Children Services (CCS) Pediatrician Panel—Means a process of certifying a person who is considered an expert in his or her field to deliver specific services to children whom staff members from the California Children Services identify as medically eligible. To be paneled by CCS, the pediatrician must be licensed in California, be on the staff of a CCS approved hospital, limit practice to the specialty, and be certified or determined eligible by the American Board of Pediatrics. A listing in the current *Directory of Medical Specialists* is evidence that the pediatrician has fulfilled legal requirements for panel membership.

Paneled California Children Services (CCS) Orthopedist—To be paneled by CCS, the othopedist must be licensed in California, be on the staff of a CCS approved hospital, have special training in children's orthopedics, as outlined in the requirements by the American Board of Orthopedics, and be certified or determined eligible by the American Board of Orthopedists. A listing in the current *Directory of Medical Specialists* is evidence that the orthopedist has fulfilled legal requirements for panel membership.

Percussion—A procedure that stimulates coughing, performed by cupping the hand and clapping and vibrating the chest wall to assist pupils who have difficulty raising sputum; e.g., those who have cystic fibrosis (used with postural drainage).

Physical therapy—The provision of physical or corrective treatment by a physical therapist under the supervision of a physician to pupils with motor disabilities through the use of physical, chemical, and other properties of heat, light, water, electricity, massage, and active, passive, and resistive exercise.

Postural drainage—The positioning of a pupil in various ways so that gravity will assist in the movement of secretions from the smaller airways to the main bronchus and trachea from which they can be removed by coughing or suctioning.

Program evaluation—A process for obtaining information to assist in making decisions about program improvement, expansion, and maintenance, or about the termination of a program or program component.

Progressive deterioration—The progressive impairment of mental or physical functions.

Range of motion—The degree to which a joint can be moved through the full range in all appropriate planes.

Receptive communication—Understanding of the verbal, written, or signed communication of others.

Resuscitation—Instituting measures to provide ventilation and circulation when the respiration and heart have ceased to function.

Rheumatoid arthritis—A chronic disease characterized by inflammation of the joints and wasting away of the bones.

Self-help skills—Skills that a person uses in everyday life that enable him or her to live independently; e.g., dressing, grooming, housekeeping, food preparation, and so forth.

Severe orthopedic impairment—A severe orthopedic impairment is persistent and significantly restricts one's normal physical development, movement, and activities of daily living and, in turn, affects the pupil's educational performance.

Spatial orientation of extremities—Knowing where one's arms and legs are in relationship to the environment.

Spina bifida—A birth defect in which the spinal cord protrudes through a defect in the spinal column.

Spinal cord injuries—Any injury that results in significant disturbance of the spinal cord.

Stoma—That part of the colon (an opening) that is brought through the abdominal wall to the outside of the body for the elimination of wastes.

Suctioning—A method for removing excessive secretions from an airway, usually by a tube attached to either an electric or manually operated suction apparatus. This device may be applied to oral, nasopharyngeal, or tracheal passages.

Tracheostomy—The surgical creation of an opening into the trachea through the neck for the insertion of a tube to provide and maintain an open airway.

Tumors—A mass of new tissue that persists and grows independently of its surrounding structures and that has no physiologic use.

Vocational skills—Skills that a person needs to become employable; e.g., good attitudes, promptness, task completion, ability to get and keep a job, work experience, and classroom and on-the-job training.

Publications Available from the Department of Education

This publication is one of over 600 that are available from the California Department of Education. Some of the more recent publications or those most widely used are the following:

ISBN	Title (Date of publication)	Price
0-8011-0181-6	Arts for the Handicapped Trainer's Manual: "I Can Do That" (1982)	$3.75
0-8011-0975-2	California Private School Directory, 1991-92 (1991)	14.00
0-8011-1023-8	California Public School Directory (1992)	14.00
0-8011-0874-8	The Changing History–Social Science Curriculum: A Booklet for Parents (1990)*	5.00/10
0-8011-0867-5	The Changing Language Arts Curriculum: A Booklet for Parents (1990)*	5.00/10
0-8011-0928-0	The Changing Language Arts Curriculum: A Booklet for Parents (Spanish Edition) (1991)*	5.00/10
0-8011-0777-6	The Changing Mathematics Curriculum: A Booklet for Parents (1989)*	5.00/10
0-8011-0891-8	The Changing Mathematics Curriculum: A Booklet for Parents (Spanish Edition) (1991)*	5.00/10
0-8011-0978-7	Course Models for the History–Social Science Framework, Grade Five—United States History and Geography: Making a New Nation (1991)	7.00
0-8011-0041-0	English–Language Arts Framework for California Public Schools (1987)	3.75
0-8011-0927-2	English–Language Arts Model Curriculum Standards: Grades Nine Through Twelve (1991)	4.50
0-8011-0804-7	Foreign Language Framework for California Public Schools (1989)	5.50
0-8011-0902-7	Guidelines and Procedures for Meeting the Specialized Physical Health Care Needs for Pupils (1990)	7.00
0-8011-0875-6	Handbook for Contracting with Nonpublic Schools for Exceptional Individuals (1990)	8.00
0-8011-0167-0	Handicapped Infant and Preschool Children: Program Guidelines (1981)	2.50
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†Includes *Addendum* (ISBN 0-8011-0863-2).

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